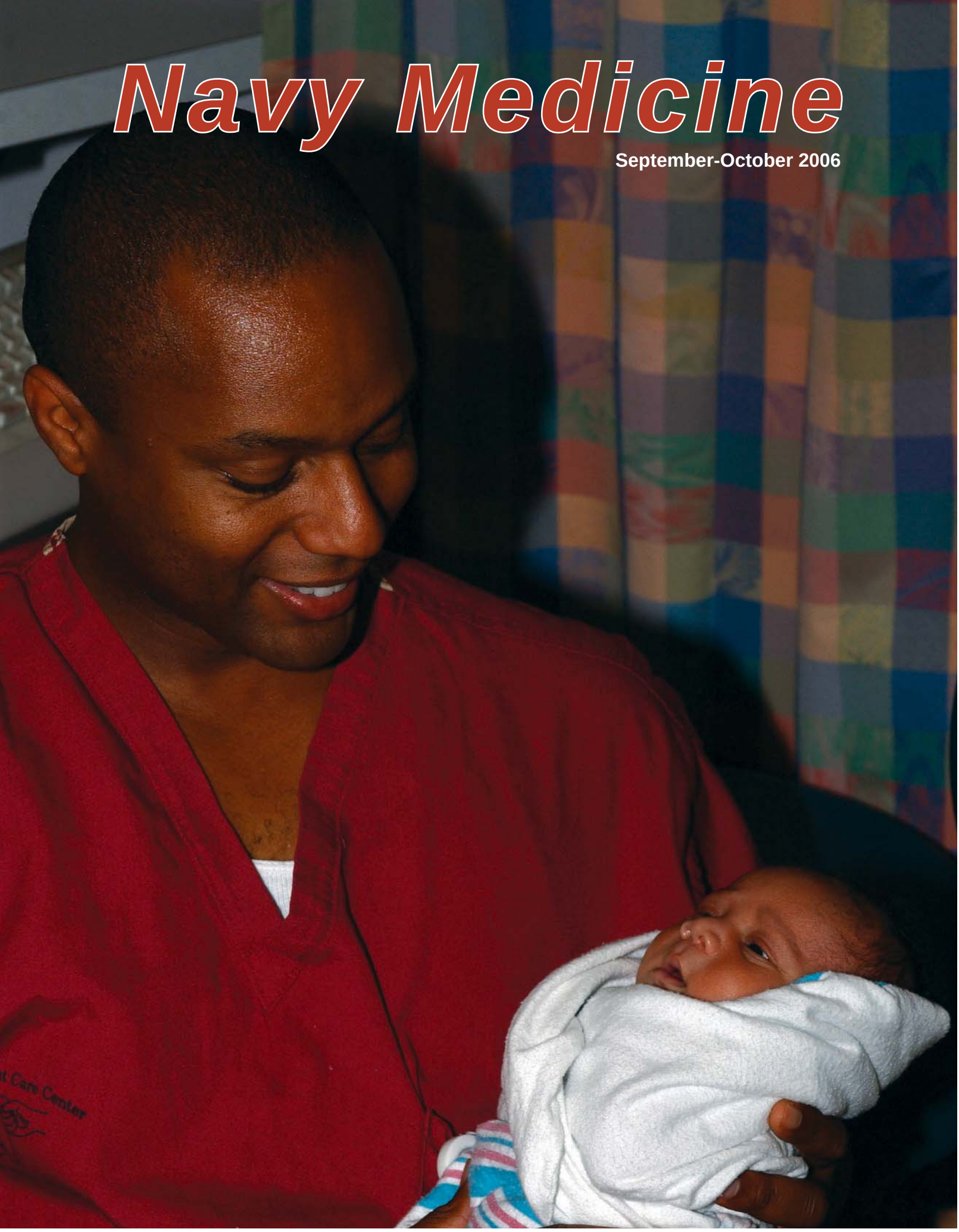
Navy Medicine

September-October 2006



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Navy Medicine considers for publication photo essays, artwork, and manuscripts on research, history, unusual experiences, opinion, editorials, forum, professional, and clinical matters. Contributions are suitable for consideration by *Navy Medicine* if they represent original material, have cleared internal security review and received chain of command approval. An author need not be a member of the Navy to submit articles for consideration. For guidelines on submission please contact: Janice Marie Hores, Assistant Editor, Bureau of Medicine and Surgery (M09B7C), 2300 E Street, NW, Washington, DC 20372-5300. Email: jmhores@us.med.navy.mil.

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Cover: ENS Dwight Hampton, NC, USN, holds a young patient in the Neonatal Intensive Care Unit at the National Naval Medical Center, Bethesda, MD. Photo by HM1 Stephen Oreski, Medical Photography, Naval Medical Education and Training Command.

We Want Your Opinion

Letters to the Editor are welcome. Please let us know what you like about *Navy Medicine*. Please send letters to: Janice Marie Hores, Assistant Editor, Bureau of Medicine and Surgery (M09B7C), 2300 E Street, NW, Washington, DC 20372-5300 or jmhores@us.med.navy.mil.

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Left: Navy nurse and a young Vietnamese patient. 1967. Right: ENS Hazel Herringshaw with two of her patients. 1918. Photos from BUMED Archives

Navy Raises Tuition Assistance Limits for Sailors

To assist sailors in their pursuit of higher educational goals, as well as certifications and qualifications associated with their Navy career field, the Navy is raising the limits on tuition assistance (TA) available to all active-duty members (officer and enlisted).

Sailors are now eligible for 100 percent of tuition costs, up to $250 per semester hour (SH), and up to 16 SH per fiscal year, an increase from the previous limit of 12 SH.

"Sailors in today's Navy need to be highly motivated and educated professionals," said VADM Kevin Moran, commander, Naval Education and Training Command (NETC). "The critical thinking skills developed through higher education are essential elements to the success of sailors in the 21st century. It is our job to provide the opportunities for these highly valued and committed individuals to grow and develop in the Navy. All our programs must be responsive to this new sailor, including voluntary education."

According to a Navy message sent to the fleet 9 June (NAVADMIN 166/06), TA will remain at 16 SH throughout FY-07 and use will be closely monitored by NETC. If the rate of overall TA expenditures creates a danger of running out of funding prior to the end of the fiscal year, NETC may impose management controls and priorities to ensure that academic planning is not disrupted. Funding controls may include limiting TA requests over 12 SH to courses tied directly to degree completion.

"In addition to TA, the Navy College Program has two other significant programs to help sailors earn a college degree," explained NETC Force Master Chief (SW/AW/SS/PJ) Mike McCalip. "A visit to the local Navy college office (NCO) is a logical first step for sailors to learn about what is available to them, from the wide variety of college level examinations to the Navy College Program for Afloat Education (NCPACE). The Defense Activity for Non-Traditional Education Support (DANTES) Examination Program, the College Level Examination Program (CLEP), and the DANTES Subject Standardized Tests (DSST) program offer testing opportunities that can help sailors to take advantage of knowledge they already have and accelerate their progress toward degree completion."

McCalip said through these programs and others, sailors can take tests in a variety of subjects and receive recommended college credit for each test successfully completed.

There are also several college admission tests given through the NCOs, including the Scholastic Assessment Test (SAT) and the American College Test (ACT) Assessment Program. The Graduate Record Exam may be taken at certain testing sites off-base and DANTES will reimburse the sailor for the cost of the test. The sailor must personally fund the test administration fee.

NCPACE is an important program for sailors afloat, offering both academic skills and college (undergraduate and graduate) courses. McCalip said, "NCPACE gives sailors the opportunity to experience challenging education while on sea duty assignments preparing them for personal and professional growth." He added that sailors should take advantage of this program to enable them to continue to progress toward degree completion.

In addition, in August 2005, the Navy announced an educational initiative designed to encourage senior enlisted personnel to seek degrees to complement their Navy training and experience. Beginning in fiscal year 2011, an associate's degree or equivalent that is rating-relevant will be a prerequisite for advancement to senior chief petty officer for both active and reserve component personnel.

"This initiative is part of the Navy's evolving strategy for our people and is an integral component of the Professional Military Education (PME) Continuum, which supports post-secondary education as a means of preparing sailors for the highly technical 21st century," said McCalip.

NAVADMIN 203/05 outlines this senior enlisted education initiative.

To be eligible for advancement to senior chief petty officer for the FY11 selection board and beyond, sailors must earn rating-relevant associate's degrees from an accredited institution. To review the list of rating-relevant degree options from the Navy College Program Distance Learning Partnerships, access the Sailor/Marine Online Academic Advisor (SMOLAA) via https://smart.navy.mil/smart/welcome.co or Navy Knowledge Online at www.nko.navy.mil.

"The Navy values education," said Moran. "Pursuing a college certificate or degree during off-duty time develops important characteristics such as time management and critical thinking. It enhances competencies in verbal, written, and mathematical skills. Education is and will continue to be a key factor in the personal and professional development of our sailors, and Navy leadership is committed to providing financial assistance to all active-duty sailors as they pursue their educational goals."

For more information on the Naval Education and Training Command, visit https://www.netc.navy.mil.

—Story by Joy Samsel, Naval Education and Training Command Public Affairs.

Navy Medicine to Stand Up New MPT&E Command in October

The standup of the new Medical Manpower, Personnel, Training, and Education (MPT&E) Command is scheduled to take place on 4 October 2006, under the leadership of CAPT Roberto Quinones, MSC. The establishment of this new command will involve integrating approximately 30 personnel from the Bureau of Medicine and Surgery's (BUMED) Human Resources Division (M1) with major elements of the Naval Medical Education and Training Command (NMETC) on the Bethesda campus.

In addition to the Administrative and Resources directorates, the command will be organized into four other major directorates:

• Workforce Management—Executes personnel management strategies for end strength, promotion, accession programs, school quotas, retention, and enlisted/officer bonuses for both active and reserve components.

• Transformation—Development/oversight of transformational tools including total force 5 Vector Models (5VM), Integrated Learning Environment (ILE) and Knowledge Management (KM).

• Functional Integration—Window or portal of entry for all MPT&E issues (requirements for training, emergent needs, lessons learned, changed or new policy) coming into the command and the exiting portal for appropriate execution response/resolution. Human Performance (HP) will provide expertise in HP assessment/enhancement, human-system integration, science of learning, event investigation/root cause analysis, metric development.

• Workforce Development—Executes oversight of the day-to-day activities associated with development of our workforce including curriculum management, development of re-usable learning objects, course redesign, accreditation/certification requirements, and management of graduate medical department education. The command will work hand-in-hand with the Naval Personnel Development Command (NPDC) and the Naval Personnel Command (NPC) to execute the MPT&E mission for Navy medicine. The MPT&E strategy and policy will come to the command from BUMED M1 and the line Navy MPT&E organization.

This command will lead the way in establishing and moving forward a powerful organization that will deliver the right sailor, at the right time, with the right skills, and at the right cost—thus ensuring the right FIT. This is all part of the CNO's vision of a comprehensive career development and management system for today's sailors.

With the advent of the new command, NMETC, formerly referred to as the Center for Force Health Protection, will be renamed and will continue to develop our 21st century leaders for Navy medicine.

—NMETC Public Affairs

Course Review

Members of the Navy Medical Department, particularly those who will deploy in support of Operation Iraqi Freedom and other missions around the globe, should consider enhancing their education and situational awareness by taking a military correspondence course.

An excellent course that has come out in the past year is published by the Marine Corps Institute in Quantico, VA, and is entitled Stability and Support Operations (MCI 0326). Those taking the course can spend 30 minutes to 1 hour each day learning the purposes of stability operations and about tactics used by insurgency groups.

As you read the booklet think of the many ways Navy medicine supports the 10 broad types of stability operations, from peace operations, to civic assistance and non-combatant evacuation operations.

Marines learn the impact of disease and epidemics as part of a list of items that add complexity to accomplishing stability operations. On the tactical level, when Marines try to achieve stability in a chaotic situation, some collateral duties arise. One includes a position of Civic Action Leader who develops projects into missions. Military medical personnel should to get to know this designated individual so they can submit proposals that will improve the quality of life in a given area.

There are entire sections devoted to recognizing Improvised Explosive Devices (IEDs) and lessons learned from suicide bomber tactics in the region. In planning convoy operations for transport or presence, Marines learn to plan for medical coverage and evacuation procedures and to disperse combat lifesavers (such as 8404 corpsmen) throughout a convoy as part of an extensive list of items to consider.

When taking the Marine Corps Institute course, answer the exercise questions as they often are repeated in your final exam. When you receive the course materials, take the sealed exam to your testing officer or education services office at your MTF, so they can administer the exam for you. Visit the Marine Corps Institute website at https://www.mci.usmc.mil/newmci/ and increase your military situational awareness. You can also call them at 1-800-MCI-USMC.

—Review by LCDR Y.H. Aboul-Enein, Plans Operations and Medical Intelligence Officer who served as Middle East Policy Advisor and Country Director at the Office of the Secretary of Defense from 2002 to 2006. He currently has been specially assigned to work on counter-terrorism issues.

Navy COOL Web Site Launches as Hub for Sailor Credentialing Information

The Navy Credentialing Opportunities On-Line "Navy COOL" website launched in June as a hub for comprehensive information to guide sailors in pursuing occupational credentials related to their Navy work experience and training.

Navy COOL catalogs detailed information on occupational credentials, including certifications, qualifications, licenses, apprenticeships, and growth opportunities, that correspond with every Navy rating, job, and occupation, and outlines the paths to achieve them.

According to CAPT Kevin R. Hooley, commanding officer for the Center for Information Dominance (CID) Corry Station and Navy COOL project leader, the site is a top-rate web-based tool that is another innovative blended training solution of the Revolution in Training.

"Navy COOL is for sailors and it's all about professional development and Navy readiness," Hooley said. "It puts a vast amount of credentialing information from numerous federal, state, and local sources at sailors' fingertips, and provides them a road map for earning occupational credentials to boost their knowledge, skills, and abilities in the Navy and beyond."

Navy COOL hosts links to credentialing organizations and cross-references programs, such as Tuition Assistance, Montgomery GI Bill, and the Defense Activity for Non-Traditional Education Support (DANTES), that may help sailors pay for credentialing fees. It also contains links to the United Services Military Apprenticeship Program (USMAP) and websites that provide information on college programs available to sailors.

For sailors with limited internet access, such as those stationed on ships or at remote locations, a portable copy of Navy COOL has been developed.

"COOL to Go" is downloadable from Navy COOL to a hard drive, compact disc, or thumb drive. It offers the same information as Navy COOL, minus connectivity to external sites if used offline. With an Internet connection, COOL to GO is identical to Navy COOL including links. Additionally, COOL to Go mini-CDs are being developed for distribution.

Navy COOL is being delivered in two phases. The Phase I launch of Navy COOL contains information for every sailor in every rating. During Phase II, which is already in progress, the Navy Credentials Office is conducting a detailed comparison of the Job Task Analysis (JTA) for each Navy rating with thousands of available occupational credentials.

Hooley said that may lead to additional funding options for sailors pursuing credentials.

"As Phase II is completed over the next 14 months, the credentials that most closely relate to each Navy rating will be flagged on Navy COOL," Hooley said. "As these credentials are identified and the related policies are approved, we expect Navy funds to be made available, subject to budget constraints, to cover fees for these designated credentials."

In the future, specific credentialing information for naval officers and civilians will be added to Navy COOL, as associated JTAs are completed. Until then, officers and civilians can refer to the website for general credentialing information to help them pursue personal and career goals.

Sailor interest in Navy COOL appears to be high, given the statistics for the launch week and informal feedback via the website. Daily activity averaged 1,154 visits and 65,000 hits, with most visitors viewing about six pages over a 13 minute period.

RADM Dave Gove, commander, Naval Personnel Development Command and Navy Personnel Command, encourages all sailors to visit Navy COOL. "This is really a great product and we believe that sailors who are provided the opportunity to enhance their professional development are not only better performers on the job, but these top performers are more likely to choose to continue their service in the Navy," said Gove. "We are striving to create and retain the most highly skilled workforce possible, and this key investment in the professional development of our workforce is a win-win for the Navy and the nation."

Visit Navy COOL at https://www.cool.navy.mil. For more information, refer to NAVADMIN 193/06 or contact the Navy Credentials Program Office via email at crry_cq-credentials@navy.mil.

—Story by Darlene Goodwin, Center for Information Dominance Public Affairs, www.news.mil/local/corry.

DOD Re-emphasizes Commitment to Service Members With Launch of New Health Program

With more than 200,000 service members currently deployed worldwide, the Department of Defense continues to recognize the essential need for health programs which safeguard the well-being of our men and women in uniform.

In recent months, DOD has re-emphasized this dedication to the health and fitness of U.S. servicemen and women. As a part of this ongoing commitment, DOD has launched the Post-Deployment Health Reassessment, or PDHRA. The goal of the program is to identify and recommend treatment for deployment-related health concerns after a service member's return from deployment.

Speaking directly to the troops, Dr. William Winkenwerder, Jr., Assistant Secretary of Defense for Health Affairs said, "America's success in its international efforts is because of the resilience and dedication of our servicemen and women. The Department of Defense is committed to providing healthcare programs that improve your readiness, fitness and well-being before and after deployment."

The Post Deployment Health Reassessment program will be implemented on all military installations and will include active duty members as well as the armed services reserve components.

Research indicates that many deployment-related health problems may not arise until 3-6-months after a service member returns from deployment. Defense Department officials stated that the program will allow service members and healthcare providers the opportunity to identify potential health issues before they become chronic conditions and treat known health problems before they affect a service members deployment status or career.

The PDHRA also empowers servicemen and women to proactively take charge of their health so that they receive the DOD and Veteran's Affairs sponsored health services they have earned through their service.

Each member of the Armed forces who has been deployed since 11 September 2001, will have the opportunity to complete the PDHRA and identify and address any post-deployment health concerns they may have.

—DOD Press Release

Naval Hospital Oak Harbor Awarded Accreditation from Joint Commission

By demonstrating compliance with the Joint Commission on Accreditation of Healthcare Organization's national standards for healthcare quality and safety, Naval Hospital Oak Harbor has earned the Joint Commission's Gold Seal of Approval™.

Founded in 1951, the Joint Commission is dedicated to continuously improving the safety and quality of the nation's healthcare through voluntary accreditation. The Joint Commission's onsite survey of Naval Hospital Oak Harbor occurred in May 2006.

"Above all, the national standards are intended to stimulate continuous, systematic and organization-wide improvement in an organization's performance and the outcomes of care," says Darlene Christiansen, executive director, Hospital Accreditation Program, Joint Commission. "The community should be proud that Naval Hospital Oak Harbor is focusing on the most challenging goal—to continuously raise quality and safety to higher levels"

CAPT Colin G. Chinn, MC, Commanding Officer, spoke of his pride in a staff whose members ask what needs to be done to be accredited by the Joint Commission. "In addition, they appreciate the educational aspect of the survey and the opportunity to interact with the team of surveyors."

CAPT Chinn called the accreditation, "proof of our organization-wide commitment to provide quality care on an ongoing basis."

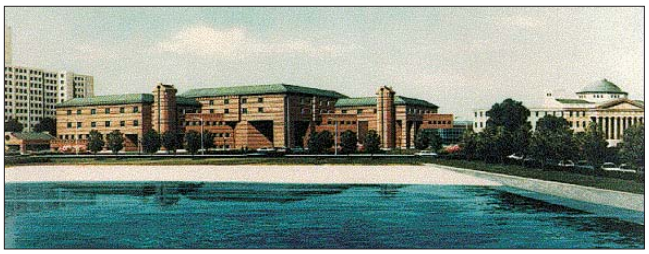
—Oak Harbor Public Affairs

Portsmouth Receives JCAHO Accreditation

Naval Medical Center Portsmouth, VA (NMCP) has received full accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) following a week-long review of its practices and procedures in the assessment and care of patients, management of the hospital, training and education of staff, and the continuum of care. The accreditation is for 3 years.

"This means that our patients can rest assured that we comply with the highest national standards for safety and quality of care," said RDML Thomas R. Cullison, Commander, Naval Medical Center Portsmouth. "I am proud of our staff members who helped us achieve this designation, and proud of the quality of care we provide our beneficiaries"

JCAHO standards address quality and safety of care. Infection control, emergency management, patient rights, hu-



man resources, and performance improvement are areas the JCAHO inspectors reviewed during their 5 days at NMCP and its clinics.

JCAHO accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. To earn and maintain accreditation, an organization must undergo an unannounced, onsite evaluation every 3 years.

—Story by Deborah R. Kallgren, Naval Medical Center Portsmouth, VA, Public Affairs .

Deployment Board Comes to Life

HM3 Jennifer Malone points out the number of Naval Hospital Bremerton (NHB) personnel currently forward deployed overseas that are displayed on NHB's "Healing Hands—Warrior Hearts" deployment board. Photo by Douglas H. Stutz

What began as an artistic expression of support flowed into a creative labor of love. With a unique combination of concern for those deployed mixed with geopolitical lore and timely updates, a simple bulletin board at Naval Hospital Bremerton has been transformed into a very visible presentation of care and compassion.

Located on the first floor of the hospital next to the dining facility, the "Healing Hands—Warrior Hearts" deployment board has captured the eyes and hearts of those passing.

"It's an awesome idea," said HM3 Jason Carter. "The display really helps ensure that all of us here do not forget those who have gone overseas on deployment."

"And it definitely gives us a clearer picture," said HM3 Jennifer Malone. "There's a lot of descriptive detail and the entire board really helps to open your eyes as you walk past."

Just as past generations in uniform became familiar with names of far-flung locales like Iwo Jima and Inchon and those sent there, today's service members are also becoming increasingly more informed on such diverse areas like the Horn of Africa and Afghanistan, along with those serving there. This is just what creator, Phyllis Frank, Management Control Officer at the Naval Hospital, had hoped back in February.

According to Frank, the inspiration for her idea came from overheard and direct comments, such as "Have you seen this petty officer lately," or "Where'd he/she go and when will he/she be back," and "How many people are gone, anyway?"

"I knew what I wanted it to say," said Frank. "And I definitely wanted to make an impact on how I wanted it to look to tell of personal sacrifice and courage. The idea was to create a colorful effect that would grab attention, yet have a personal touch that included distance to multiple world locations which connected to every face of our deployed co-workers, family, and friends."

"Little did I know how hard it would be to get all the photos and names and then to keep it updated with our consistent deployments to Kuwait, Djibouti, Iraq, Afghanistan, USNS *Mercy* and other locations," said Frank.

Frank had produced bulletin board displays before, yet was confronted with the dilemma of finding and combining the right mixture of necessary material to convey her message idea.

"What I pictured came in puzzle pieces from different sources, so it's been a challenge to get it just right," said Franks. "On-location shots were tricky to get sometimes, too. I wanted to personalize long-distance locations as much as possible to show the conditions our folks were deployed to and that proved to be another challenge. HM1 Julie Jorgensen, Chief Romeo Labonete, HM3 Marika Steenblock, and HN Rachelle Knudson provided assistance along the way with photos and pieces of information."

Once the board was in place, the initial and ongoing reaction made it plain that the work it took to put it all together was well worth the effort. "My hope for an attention-getter was definitely realized," said Frank. "People just totally gravitated to the faces and the instant visual effect of how far away our co-workers and friends were as they traced from the "You are Here" to the many far-away places. Viewers are obviously affected by the 90-100 faces up on that board, since most had no idea how many were actually deployed and away from the command. It has caused quite an emotional stir for co-workers and hospital visitors alike and reminded us all of the sacrifice of home and family for so many."

It also has affected those who have returned. HM3 Meghan Bergeron, completed her first-ever deployment as part of the Expeditionary Medical Facility in Kuwait. Upon returning to NHB and viewing the deployment board, it brought back the camaraderie and experience of helping to make a difference. "It really is great," Bergeron said. "And to keep it going and updated gives us all a visual reminder of what we do and who we are."

Because of Frank's vision, the readiness mission of deployed Naval Hospital Bremerton staff to improve the health of those they serve overseas stands as a visual reminder for all to see. Day in and day out. Just as the mission is overseas.

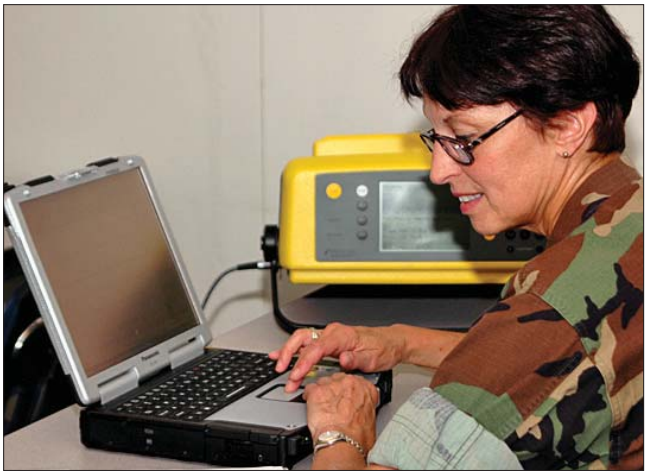
—Story by Douglas H Stutz, Naval Hospital, Bremerton, WA.

Preventive Medicine Team Prepares for Iraq Deployment

Members of Forward Deployable Preventive Medicine Unit East Team 7 recently participated in a 2-day course that trained them to look for potential breeding sites for diseases or areas that hold hazardous materials.

The course, led by Greg Crisp of the Field Analytical Science Division, Navy Environmental Preventive Medicine Unit 2, was the first training session before the team's deployment to Iraq and took place at Naval Station Norfolk.

The latest equipment available to the team is a man-portable, gas chromatograph/mass spectrometer called the HAPSITE. The HAPSITE Smart Chemical Identification System is a field unit for detecting volatile organics, said Crisp.



CAPT Ann Adcook, assistant officer in charge of Forward Deployed Preventive Medicine Unit 7, conducts training on the Chemical Volatile Organic Compound Unit, which is used to screen soil, water, and air for the detection of toxic materials such as chemical, biological, and radiological agents. Photo by HM2 Steven P. Smith

In the classroom, Crisp trained team members on advanced techniques of the HAPSITE system and prepared them for a field deployment system that can determine chemical and environmental hazards that can affect U.S. troops. HAPSITE is currently used in Afghanistan.

The second HAPSITE system will accompany members of the team when they deploy to Iraq.

LCDR Kathleen McAllister-Morgan, environmental health officer of Forward Deployed Preventive Medicine Unit Team 7, scans a water sample for pathogens at the Norfolk Environmental Preventive Medicine Unit lab. The new unit, formed in January, will augment the active duty unit on a rotational basis. Photo by HM2 Kenneth Roadcap

"They will be using it every day," said Crisp.

The team attended a second training session in July before deploying to Iraq. The classroom portion of the exercise allows the students to learn the HAPSITE as well as the computer software that analyzes the data provided by the HAPSITE system. The field training exercise lets team members experience a simulated chemical release, during which they will gather environmental samples and determine what course of action to recommend.

In addition to the HAPSITE system, team members are trained in expeditionary logistics.

"This subject covers procedures of who controls how we get assets and how we get those assets from storage to the operational environment," said HM2 Jorge Tarat.

Although not involved in medical treatment, the team does analyze human tissue, testing for diseases. They also test insect samples.

"These Forward Deployable Preventive Medicine Unit teams have been utilized by joint forces repeatedly because they are versatile, have a small footprint, but provide a lot of capabilities that can help field commanders maintain the health and safety of deployed forces," said CAPT Michael Oraze, MSC.

—Story by MC1 Jim Bane, Fleet Public Affairs Center Atlantic.

The Role of Navy Medicine in Detecting Avian Influenza in Africa

H5N1 Avian Influenza (AI) transmitted from birds to humans, and first recognized in 1997, has until this year been primarily localized to Asia.(*1*) The time lines published by the World Health Organization (WHO) show that AI remained within defined geographic corridors (*2*) until the close of 2005. The early months of 2006 have clearly demonstrated an accelerated wave of new infections expanding into Eastern Europe and Africa. Navy medicine has played a pivotal role in uncovering AI in Africa. The Combined Joint Task Force in the Horn of Africa (CJTF-HOA) medical staff and Naval Medical Research Unit 3 (NAMRU-3) in Egypt provided critical expertise and timely logistics essential to the detection process of this potent RNA virus.

A troubling historical reminder from the 20th century is the key to understanding why so many international leaders fear the potential ravages of an H5N1 pandemic influenza. The "Spanish" influenza of 1918 has been shown to be an avian virus (*3*) and is recognized historically as the world's deadliest pandemic (*4*) killing as many as 50 million people. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, recently stated that we can be certain that an influenza pandemic eventually will occur.(*5*) The recognition of this threat explains the attention garnered when President Bush and China's Hu Jintao (*6*) recently formalized an international agreement on avian influenza. The focus of this agreement centered on two critical principles: 1) global cooperation in surveillance and containment and 2) full transparency of information to international agencies. Adherence to these tenets formed the guidance utilized by the government of Djibouti and all U.S. and international agencies in the development and execution of the Djibouti National AI Plan.

The WHO is acknowledged internationally as the lead agent and key planning architect for avian influenza. They have devised a six-phase plan (*7*) that each nation is expected to follow. The key components include instituting surveillance procedures for detecting H5N1 in birds, responding with containment protocols, initiating human surveillance, and maintaining informative national as well as transparent international communications during the outbreak. This may seem straightforward in a developed country with established public health networks as evidenced by the April 2006 Action Report published by the Medical Board of California. They author a short article rendering rudimentary guidance to all California physicians, which distills to one simple action which is to contact their local public health departments in the event of suspected avian influenza. The undercurrent

CJTF HOA Surgeon collects the first chicken in Djibouti confirmed to have died from H5N1 influenza. Photo courtesy of CDR Comer

to their advice is that testing is easily accomplished and containment not overly problematic.

This may be straightforward for California, but is decidedly different in third world countries where these resources are very limited to nonexistent. This is precisely the scenario that Djibouti faced prompting them to solicit CJTF HOA for assistance in developing their National AI Plan in February 2006. Djibouti had reports of dead birds but had inadequate resources to extract and transport viable samples. At the request of the Djibouti Ministries of Health and Agriculture, CJTF HOA Surgeon Cell took on the task of developing the national surveillance protocols. This required obtaining the appropriate personal protective equipment (PPE), provisions for performing avian necropsies, specialized swabs and viral cryovials, an acceptable storage environment and transportation conduit that would preserve viral RNA, and finally a laboratory capable and certified by the WHO to test the samples using sophisticated polymerase chain reaction (PCR) methods. This took several weeks to complete and was accomplished through the generous sharing of equipment and services by NAMRU-3 in Cairo. It is a sophisticated microbial laboratory with advanced Bio Safety Level (BSL) 3 biocontainment capabilities limited to only a few laboratories in the world. CDR Ken Earhart and LCDR Marshall Monteville were exceptionally supportive with their professional expertise and resources that vastly accelerated our timetable for initiating avian surveillance. This proved providential since the first die-off occurred in early April.

The crisis action team headed by CDR Stewart Comer, the CJTF Command Surgeon, was activated on 6 April 2006. The additional three members of the team were: a WHO physician, the Djiboutian National Public Health Director, and the Djiboutian National Veterinary Director. The team assembled and responded to a pathologic bird die-off after a fourth chicken suddenly died from the same flock within 3 days. The

bird was extracted and necropsied and the specimens sent to NAMRU-3. By mid-April, H5N1 was confirmed in the first chicken. The CJTF HOA Surgeon Cell and Army Veterinarians tested most of the remaining chickens in the affected flock uncovering the presence of H5N1 in two additional birds. NAMRU-3 also replicated the gene sequence (now listed in the international GeneBank Library) to determine that it had 99 percent homology to the highly pathogenic Egyptian strain. It also provided additional evidence to support avian experts who claim that wild birds play an important "role in the virus' large geographical jumps."(*8*)

At the same time, the human surveillance protocol, developed by our team in March 2006, was initiated. We tested several humans in close proximity to this flock who had reported respiratory symptoms. Additionally, samples of 34 human specimens were submitted and ultimately revealed a positive human case coming from a remote village about 10 km north of the Somali border. At this juncture, Djibouti became only the tenth nation to confirm a human case and the crisis action team was augmented by additional experts from the Expeditionary Medical Facility (EMF), lead by CDR Michael Quigley, members of the French Military Medical units, and experts from the Centers for Disease Control (CDC) in Atlanta and WHO Headquarters in Geneva.

An extensive epidemiological evaluation of the remote village was undertaken to find the positive index case and establish a connection to a potential source of the infection. Unfortunately, it became clear that in this impoverished village, in which many are Somali immigrants were hiding their chickens or moving them temporarily to other villages. As recently pointed out in a March 2006 article in the *Economist* magazine, many experts fear AI in developing countries, particularly Africa, precisely because of the difficult ethical challenges associated with culling chickens which serve as such a critical protein source for millions of Africans who live on the margins of subsistence.

In the end, can you say something did not happen simply because no one was there to detect it? The answer to this philosophical question is no, but it underscores how important the programmatic integration of technology and medical expertise has been to detecting AI in Africa. In this context, it is clear how effectively Navy medicine leveraged its global assets to serve as critical partners in this discovery process and its implications for a troubling expansion of the WHO-defined third wave of AI infection. It also demonstrates the far-reaching impact of cooperation between the host nation and international agencies, such as the U.S. Agency for International Development (USAID), CDC, WHO as well as the U.S. and French militaries to complete this complex task and fulfill expectations from the global community that protocols to mitigate further spread have been actively and responsibly instituted.

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—Story by CDR Stewart W. Comer, MC, Command Surgeon, Combined Joint Task Force - Horn of Africa.

CJTF HOA Surgeon (background) and Djibouti National Veterinarian Director (forward) perform the necropsy. Photo courtesy of CDR Comer

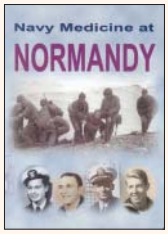
For anyone interested in more information about the Great Influenza Pandemic, 1918-1919 please refer to ***www.history.navy.mil/library/online/influenza*** website. This website contains photographs, official medical reports, oral histories, and a bibliography on the participation of the Navy Medical Department. The website was created by the Navy Department Library in partnership with the Office of the Historian, Navy Medical Department.

Navy Medicine at War Film Project

Since 1999, the BUMED Office of the Historian, in association with the Navy Medical Education and Training Command (NMETC) has been working on a film project entitled, "Navy Medicine at War." This unique documentary series, adapted from the book *Battle Station Sick Bay: Navy Medicine in World War II*, presents stories of the Navy dentists, hospital corpsmen, nurses, and physicians who represented the Medical Department during the harrowing days of World War II. The first four parts of the series have been completed and are available on DVD and VHS. To order copies of these productions, please send your name and mailing address to ***ABSobocinski@us.med.navy.mil***.

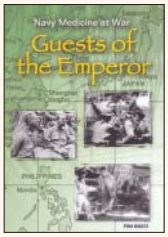
Trial by Fire: December 7th, 1941 (Released 1999)

This installment recounts the "date that will live in infamy" through the stories of Navy medical personnel who witnessed the tragic events at Pearl Harbor.



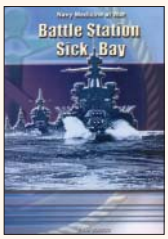
Navy Medicine at Normandy (Released 2001)

Although less well known, Navy medicine made important contributions in the European Theater, most notably in the Normandy campaign. The physicians and hospital corpsmen of the 6th Naval Beach Battalion are highlighted in this installment.



Guests of the Emperor (Released 2005)

Pearl Harbor was just the beginning of a Japanese rampage throughout the Pacific. With nothing to stop their expanding empire, the enemy rolled through the Pacific conquering at will. This installment tells the tragic story of those who fought to defend Guam, Bataan, and Corregidor against the Japanese invasion. Their heroism throughout the following years in brutal captivity, exemplifies the enduring values of Navy medicine.



Battle Station Sick Bay (Released 2006)

After the Battle of Midway, in June 1942, even though the pendulum had swung in favor of the United States, final victory was many campaigns and many, many lives away. Throughout the next 3 years, Navy medicine would accompany the carriers, battleships, cruisers, destroyers, submarines, and thousands of other vessels on the long bloody road to Tokyo. As crewmen aboard these ships, physicians, dentists, and hospital corpsmen would man battle stations and sick bays during battle—and the lulls in between. And they would do what Navy medical personnel had always done—treating torn, burned, and bleeding bodies, and returning men to duty. This is their story.

The Society
For
The History of Navy Medicine
(Est. May 2006)

Vision Statement:

The Society for the History of Navy Medicine is an international association of members who are interested in the history of all aspects of medicine as it relates to the maritime environment.

Mission Statement:

The mission of the Society is to promote the study, research, and publication of all aspects of maritime medicine.

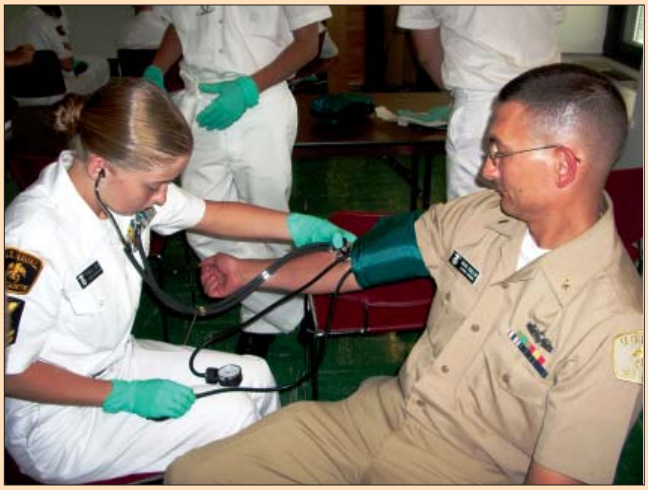
The Society will be a means of "mutual support" and communication for members of all countries who are interested in the topic: civilian, military, academics, scholars, and medical practitioners.

Joining the Society:

Anyone wishing to join the Society should e-mail CAPT Thomas Snyder, MC, USNR (Ret.) at thomaslsnyder@gmail.com. In your message please include your name, rank (if military), and list any specific interest/specialty you might have in Navy medical history (e.g., Navy nursing, hospital ships, Civil War medicine etc).

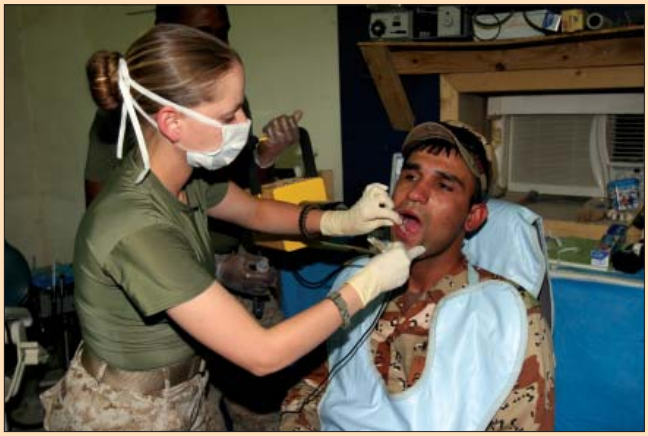
Publication:

The Grog Ration, the official publication of the Society for the History of Navy Medicine, is used to promote and market the scholarship being conducted in the field of Navy history as it applies to medicine. For anyone interested in publishing historical articles in *The Grog Ration* and/or sharing pertinent historical news with members of the Society please e-mail: Mr. André B. Sobocinski at ABSobocinski@us.med.navy.mil, or write Mr. Sobocinski, Assistant Historian, Bureau of Medicine and Surgery, .Code M09B7C, 2300 E Street, NW, Washington, DC 20372-5300.



Great Lakes, IL. A Naval Sea Cadet learns medical techniques from corpsmen at the Basic and Advanced Corpsmen Summer Training. July 2006. Photo by Ashley Kemp

Banda Aceh, Indonesia. Chief of Naval Operations (CNO) ADM Michael Mullen talks with LT Tara Collins aboard USNS *Mercy* (T-AH 19). July 2006. Photo by MC Mike Leporat, USN



Al Anbar Province, Iraq. HM3 Sondra R. LaForge, with the 1st Dental Battalion, Combat Logistics Battalion-5, 1st Marine Logistics Group, takes an x-ray before oral surgery is performed on an Iraqi soldier at Camp Al Taqaddum. June 2006. Photo by CPL Samantha L. Jones, USMC

Yokosuka, Japan. LCDR Scott Kamer checks the heartbeat of a young child at the U.S. Naval Hospital. Doctors at that facility check newborns at various stages of their development to ensure they are healthy. July 2006. Photo by MC2 Chantel M. Clayton, USN

Andarh, Afghanistan. HM1 Michele Reed, with the 405th Civil Affairs Battalion, gives a young Afghan boy a deworming solution during a village medical outreach operation. June 2006. Photo by SGT André Reynolds, USMC

Fallujah, Iraq. A corpsman with 1st Battalion, 1st Marines, Regimental Combat Team Five (RCT-5), conducts a medical exam at a schoolhouse in Fallujah. The goal for the U.S. troops is to treat as many Iraqi patients in the area as possible, while deployed to the area. The Marines are helping to develop the Iraqi Security Forces. June 2006. Photo by SGT Adaecus G. Brooks, USMC

Camp Al Qa'im, Iraq. Iraqi Army medics and civilian nurses observe as Navy medical personnel demonstrate how to look for an exit wound for a gunshot victim, played here by a mock patient. July 2006. Photo by CPL Antonio Rosas, USMC

NAVY MEDICINE
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Arabian Sea. HM1 Matthew Breske and CS Justin Brandenburg give medical treatment to a Kenyan civilian sailor aboard the guided-missile frigate USS *Reuben James* (FFG-57). The sailor was rescued in the Arabian Sea. June 2006. Photo by ENS Jon Derges, USN

USNS *Mercy* (T-AH 19), at sea. Surgeon General of the Navy, VADM Donald Arthur, looks in on HM3 Alvin Dionela, a pharmacy technician. July 2006. Photo by MC Joseph Caballero, USN

Thailand. HM3 Amanda Gonzales and Royal Thai LT Jutatip explain a minor oral procedure to the mother of the patient. They are participating in a MEDCAP/DENCAP project. The MEDCAP/DENCAP is part of the annual Cooperation Afloat Readiness and Training. The bilateral maritime training exercises between the United States and six Southeast Asia nations is an annual exercise. June 2006. Photo by MC2 Lawrence Harnden, USN

Corpsmen Celebrate 108th Birthday

Navy corpsmen were on hand to see some of their own promoted, receive their Fleet Marine Force pins, and celebrate the 108th birthday of the Hospital Corps on the flight line at Al Asad, Iraq, on 17 June.

HM3 Sean Aldridge and HM3 Elaine Kelly with Marine Aerial Refueler Transport Squadron 352, Marine Aircraft Group 16 (Reinforced), 3rd Marine Aircraft Wing, and HM3 Jules Degraff with Marine Tactical Electronic Warfare Squadron 2, MAG-16 (Reinforced), were promoted from the ranks of petty officer third class to petty officer second class.

Al Asad, Iraq. HM2 Jules Degraff receives his Fleet Marine Force pin from CPO Indira Y. Kozak. Degraff received his FMF pin along with six other sailors on the birthday of the Hospital Corps. June 2006. Photo by LCPL Brian J. Holloran, USMC

They also received their Fleet Marine Force pins along with HN Timothy Davis, Marine All-Weather Fighter Attack Squadron 533, MAG-16 (Reinforced); HN Jonathan Delaney, VMAQ-2, HM1 Joseph Reynolds, VMAQ-2; and HM3 Eric Stauffer, VMGR-252.

"The Fleet Marine Force pin is earned by sailors who are attached to a Marine Corps unit," said HM1 Daniel R. Jacobson, leading petty officer for the medical aid station. "Once a sailor reports to a Marine unit, the sailor has 18 months to qualify for the pin. The process includes modules in Marine Corps history, tactical communications, field communications, weapons, land navigation, as well as nuclear, biological, and chemical warfare. Plus, since we are attached to the [Aviation] combat element, sailors need to know all about that, too."

To make the day even more memorable, the sailors conducted the promotions and pinnings on the 108th birthday of the Hospital Corps.

"Being pinned and promoted on the Hospital Corps' birthday was great just because I was with my peers," said Kelly. "It showed us united in earning something we all worked so hard for. It may give those there who weren't corpsmen a little more appreciation for those named 'Doc' and what we do to be where we are."

—Story by LCPL Brian J. Holloran, USMC, 3rd Marine Aircraft Wing.

Navy "Docs" Celebrate 108 Years of Service While Deployed to Iraq

Sailors deployed in the heart of the Al Anbar Province held a ceremony here 17 June, to celebrate the 108th birthday of the Navy Hospital Corps. About 50 sailors and Marines gathered in the mainside chapel to honor the Hospital Corps' 108 years of service and pay respect to corpsmen who made the ultimate sacrifice in the global war on terror.

Camp Taqaddum, Iraq. SN Jeffrey A. Mikesell, COL David M. Richtsmeier, and MCPO Robert R. Wickboldt, use a Marine noncommissioned officer sword to cut a birthday cake. Sailors and Marines took time to honor the Hospital Corps' 108 years of service and pay respect to corpsman who made the ultimate sacrifice. Photo by SGT Enrique S. Diaz, USMC

Camp Taqaddum, Iraq. HM3 Sondra Laforge, cuts cake for attendants of the Navy Hospital Corps' 108th birthday celebration. June 2006. Photo by SGT Enrique S. Diaz, USMC

"A hospital corpsman is like no other job in the Navy. We get a lot of respect; you can ask anybody from any of the other services out here and they all know what a hospital corpsman is," said HM1 Jahmi L. Arnold.

The Hospital Corps was established 17 June 1898 to provide medical support to Navy and Marine units stateside and abroad. Because the Marine Corps has no medical personnel of its own, and the Navy requires corpsmen at all its stations, medical personnel have the largest population of any single specialty in the naval service.

The Hospital Corps is also the most decorated of the specialties in the Navy with 22 Medals of Honor, 174 Navy Crosses, and 31 Distinguished Service Medals awarded.

Corpsmen have been called upon to provide medical care ranging from over-the-counter medication for headaches and colds to splinting broken bones and applying tourniquets in combat.

The birthday was celebrated by more sailors this year than in previous years with the addition of dental technicians into the Hospital Corps last October.

One such dental professional, HMCS Daniel J. Sprague, now serves as the command master chief for the 1st Marine Logistics Group's forward-deployed element here at Camp Taqaddum, the parent command for all Navy medical units in Iraq.

It's an honor for the dental field to now be included in the Hospital Corps, said Sprague. "The genuine degree of professionalism these sailors have as they provide medical care to soldiers, Marines, and sailors is truly phenomenal," said Sprague.

During the ceremony, COL David M. Richtsmeier, commanding officer of 1st MLG (Fwd), described the classic scenario that summed up what it meant to be a corpsman serving with Marines in a combat zone.

"As a wounded Marine lies bleeding from a shot to the chest, he wonders who the man standing over him disregarding his own personal safety is. Bullets fly by, some dangerously close, as the man finishes treating the injured Marine and starts to drag him to safety. The Navy man who braves enemy fire to save the lives of wounded Marines is what a 'Doc' is," said Richtsmeier.

"When Marines are hit with a bullet, the first two things that come out of their mouths are 'God' and 'Doc,'" said HM2 Paul A. Mitchell. "It takes a special kind of person to help them."

A cake cutting ceremony was held during the celebration that mirrored the Marine Corps' own birthday tradition; a Marine noncommissioned officer sword was used for the cutting.

Slices of cake were handed to the oldest sailor present, HMC Robert R. Wickboldt, a Houston native who is 55, "plus or minus 5 years;" the youngest sailor present, HN Jeffrey A. Mikesell, a 19-year-old Honolulu native; and to the guest of honor, Richtsmeier.

—Story by SGT Enrique S. Diaz, USMC, 1st Marine Logistics Group.

RADM Richard A. Buchanan (Ret.), right, RADM Dennis D. Woofter, DC, and HMCS Vincent Shutz, salute the Lone Sailor after placing a wreath at the foot of the statue in honor of the 108th anniversary of the Hospital Corps. Photo by Christine A. Mahoney

Sailors, Marines, and Iraqi Security Forces Provide Medical Care

Iraqis from the Euphrates River villages of Al Amari, Haffha, and Zella say they have never had immediate, quality healthcare. Marines in the region are looking to change that.

Recently, Marines and sailors from the Twentynine Palms, CA, based 1st Battalion, 7th Marine Regiment, along with a handful of Iraqi soldiers, provided 2 days of medical evaluations to citizens of the small villages in Iraq's western Al Anbar Province.

The operation was the first of its kind in the area where Iraqi soldiers and Marines conduct daily security patrols, weeding out insurgents and the improvised explosive devices terrorists plant alongside Iraq's roadways.

"We're here to help the people with their medical problems and seeing what types of medical needs the Iraqis have in this area," said LT Leonard Blinder, the battalion's surgeon. "Eventually, the Iraqis will have to carry out operations like this by themselves with their own doctors."

An Iraqi Army officer was present with several Jundi—Iraqi Army privates—in order to learn how to conduct an operation of this nature on their own as Iraqi Security Forces continue towards taking the lead from U.S. forces on all military operations in Iraq.

The team of Iraqi soldiers, Marines, and corpsmen set up their temporary medical clinics at elementary schools in each town. They advertised the free medical evaluations through a loudspeaker and the citizens responded immediately. During the "doctor visits," patients described their grievances and U.S. physicians evaluated the problems.

Within several hours, more than 100 Iraqis received an evaluation by the Americans. The large turnout for the village of less than 1,000 Iraqis was a clear sign that cooperation is improving between Iraqis and the Iraqi Army, according to HM2 Michael Christoforo, team corpsman for 3rd Civil Affairs Group.

As the citizens made the short trek to the clinics, they were immediately greeted by Iraqi soldiers who provided security. "It was the Iraqi soldiers who the people saw right away when coming to this clinic and they were able to see that it was the Iraqis taking charge," said SSGT Jason C. Neale, a platoon sergeant with the battalion's Company A. Neale stresses the importance of operations like these because the Iraqis living in the tiny villages in this remote corner of the country have seen very little of the Iraqi Army, he said.

The battalion has just recently begun patrolling many of the small Euphrates River communities, which had no previous contact with Coalition forces until the Marines built an outpost, or battle position, near the numerous villages.

U.S. military physicians treated a number of Iraqi patients, many who were suffering from rashes, infections, and muscular pain, according to the corpsmen. Medication was provided whenever possible, while several of the Iraqis with medical conditions beyond the capabilities of the clinic were directed to the local hospital in Ubaydi, more than 20 miles away.

During the second day of the operation, Marines and sailors went house-to-house to inform citizens of the free medical evaluations. "It's just one way that we are demonstrating to the locals that we are here to help them and we want to make sure they are not helping the insurgents," said Blinder.

For each patient assessment, an Iraqi officer stood by taking notes and interacting with the people of the village. The 35-year-old officer spoke with every patient and provided a relaxed atmosphere among the throng of villagers by answering their questions, according to the U.S. physicians. Overall, citizens were friendly and responded in large numbers to the operation according to Neale, who has exchanged smiles and greetings with citizens while patrolling the streets here on a daily basis.

The recent presence of the Marines here is eliminating any possible hiding place for insurgents looking to settle in the area, according to Neale. "We didn't expect any problems from the people," said Neale. "The people know we're out here every day and that we want to help them."

Despite the positive response from the locals, Marines living in this area are still encountering improvised explosive devices and mortar fire on a near-daily basis. Until recently, the only presence the locals had with the Marines and Iraqi Army were daily security patrols, according to 1st LT Craig O. Davis, a platoon commander with Company A. "We're trying to gain as much intelligence about the insurgency in this area as we can," said Davis. "For every patrol the Iraqi soldiers are with us and

HM2 Michael Christoforo evaluates an Iraqi boy in the village of Zella. June 2006. Photo by CPL Antonio Rosas, USMC

that's important because they really help us out when we're trying to talk to the people."

During daily security patrols, Davis said it is not unlikely to encounter locals who seek the Marines out for some type of medical assistance. When Company A Marines patrol through an area, a corpsman will sometimes aid the locals however he can or he will point them in the right direction to seek further medical care, said Davis.

An Iraqi infant is intrigued by the stethoscope around the neck of LT Leonard Blinder, 1st Battalion's surgeon. June 2006. Photo by CPL Antonio Rosas, USMC

While this is the first operation of its kind in the small villages bordering the Euphrates River, Marines and sailors plan on holding similar future operations alongside Iraqi soldiers, they said. "The more we do these types of operations, the better the Iraqi soldiers will be able to handle security on their own," said Christoforo.

—Story by CPL Antonio Rosas, Regimental Combat Team7, Al Anbar Province.

Medical Care in Fallujah a Team Effort

While convoying across the dangerous roads of Fallujah, a humvee is struck by an improvised explosive device. The blast of flames and shrapnel destroys the military vehicle and critically wounds several Marines. Immediate and potentially lifesaving care is necessary. This process starts immediately as a corpsman with the convoy quickly and efficiently prepares the injured service members for transportation to the closest medical facility—Fallujah Surgical. That's where a team of professionals stands ready 24 hours a day for these wounded warriors' arrival.

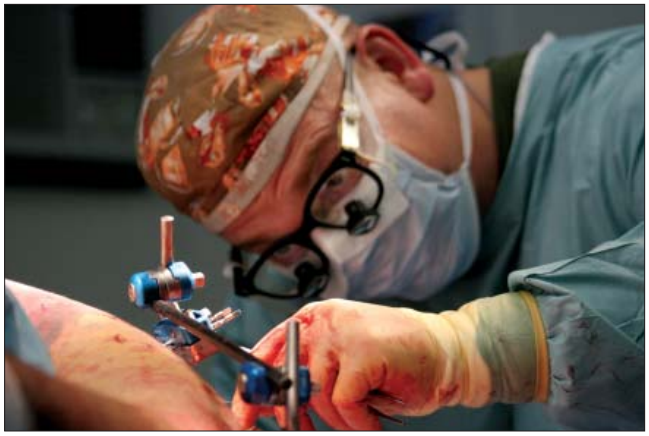
From start to finish, the process of medical treatment at Fallujah Surgical is a team effort, with Navy surgeons, nurses, corpsmen, and Marines handling the duties of both emergency and operating rooms.

This Navy-Marine team serves as a critical link between treatment in the field and care at more advanced facilities in Baghdad. As soon as a patient arrives here, he/she is searched for possible explosives or other weapons. The medical personnel impatiently wait behind concrete barriers, anxious to do their part. Once the Marines have cleared the patient and transported him to an emergency room, corpsmen and nurses begin working side-by-side. They perform immediate care to stop blood loss while ensuring the patient's ability to breathe has not been endangered.

Set in a building erected during the reign of Saddam Hussein, the makeshift hospital offers minimal space for their treatment, but the lifesaving professionals here have not let this slow them down, said CDR Maureen M. Pennington, officer-in-charge of Fallujah Surgical.

As the corpsmen and nurses perform their roles, the Marines will occasionally assist the sailors by performing basic medical tasks like putting pressure on a bloody wound or setting up intravenous fluids. "Everybody does a little bit of something," said CAPT Jim J. Schneider a general surgeon and officer-in-charge of the Forward Resuscitative Surgical Suite (FRSS) here. A practicing surgical oncologist back home in the U.S., Schneider, typically specializes in cancer-related care. In Iraq, there are no specialties. As a general surgeon, he delivers whatever treatment his patients need to survive. "It's gratifying to see everyone ... throw in (their expertise) to get the job done," said Schneider.

The medical team has treated approximately 400 combat injuries since arriving in February. Major injuries are common, with soft tissue wounds from improvised explosive devices a common occurrence. As they treat wounds varying from severely burned Iraqi soldiers to American service members who suffer major gunshot wounds, the sailors and Marines work as a cohesive unit to accomplish their life and



Precision is important as CDR Leslie Cunningham, whose specialty is the circulatory system, assists in the placement of an external fixator at Fallujah Surgical. The apparatus will stabilize the fracture of an injured patient's left arm. April 2006. Photo by CPL Christopher A. Green, USMC

LTJG Michelle R. Evans teaches two Marines how to perform duties normally done by corpsmen and doctors. Photo by CPL Christopher A. Green, USMC

death mission. Constant coordination and communication between the different medical specialists is necessary as they handle this pressure, said LT Keith G. Dobbins.

"You have to be ready for the unexpected trauma," explained HM2 Robert M. Johnson. The tough conditions and stress create strong bonds between everyone who works here, said Johnson. "I've never seen a group of personnel come together as quickly as this one has."

Treatment is given at Fallujah Surgical to patients of all backgrounds including U.S. and Iraqi forces, civilians, and even insurgents. Whether it's American or Iraqi who are injured, in the end, "It's like you're working on family," said Pennington.

The injuries sustained by individuals here are often unique and sometimes difficult for the sailors and Marines. "People get injured in the worst of environments (here)," said Dobbins. Wounds suffered by service members in Iraq are what people would "only read about in books," he said.

As fighting continues in western Iraq the pressure of lifesaving work on a daily basis is a way of life for the team known as Fallujah Surgical. When asked about her sailors and Marines, Pennington could only whisper that she was "very proud."

—Story by CPL Daniel J. Redding, 1st Marine Logistics Group.

EMF and 1st Medical Brigade Sailors and Soldiers Roll Up Their Sleeves to Say "Thank You"

On 6 June, the United States Embassy Kuwait conducted an onsite Blood Drive. This provided the opportunity to thank Kuwaiti citizens for their blood donations to the U.S. military. A joint effort of 25 American sailors and soldiers from Expeditionary Medical Facility Kuwait and First Medical Brigade took part by donating blood.

Embassy Chargé d'affaires, Matt Tueller, started his workday as the first volunteer to donate blood and was instrumental in gathering support from Embassy staff.

Medical technologists from the Kuwait Central Blood Bank were on hand to assist. The requirements were simple: donors filled out a basic medical form, followed by a blood test and a quick blood pressure check. They were ushered in, the procedure began and 10 minutes later, they were done.

Ms. Gail Sims, the Embassy Foreign Service Health Practitioner, spearheaded the blood drive. She noted that, "Giving blood is one of the easiest ways we can help save someone's life. We all expect blood to be there for us when we need it, but too few of us take the time to donate. All we had to do was call the Blood Bank and they took care of the rest."

An estimated 40 units were collected from service members and Embassy staff.

—Story by HMC(SW/AW) Adam Breede, USN.

Corpsman Chases "Field of Dreams" with 24 MEU

Dreams start as a childhood infection, growing over time into a lifelong addiction so deep they stain men's souls and drive others into madness. They begin by slipping like a burglar into your wakeless nights, crouching in the dark corners of your mind before tiptoeing across your consciousness, and slipping silently into your heart where they'll remain—maybe for years, maybe forever. The only known cure for a dream is to chase it. To do otherwise is the first step in a slow drowning process—the first frenzied gulp of water on the way to the icy deep.

HM3 Brent Booze, a Fleet Marine Force hospital corpsman serving aboard USS *Iwo Jima* with Headquarters and Support Company, Battalion Landing Team 1st Bn., 8th Marines, 24th Marine Expeditionary Unit (Special Operations Capable), nearly drowned, his dream sinking just below the surface before being rescued by the Navy, only to go under again.

He's wanted to play baseball for as long as he can remember and found a way at the age of 30 to resurrect his career with the All-Navy squad, earning a roster spot in March. However, he was forced to make a choice recently—follow his dream or stay with the MEU for an overseas deployment. For Booze, it was an easy call.

He was staying with the Marines.

"If I played baseball, because of a contract issue with the Navy, I wouldn't have been able to extend my service or stay

with the MEU," explained Booze. "I'm going on the float because I have a good bond with my guys and I want to make the Navy my career."

Booze said he was in agony after reading over the team's schedule, a 56-game coast-to-coast tour featuring games against minor league and college teams, a nationally televised game on ESPN, and two games in major league ballparks. He said that at the time, he "couldn't believe it." But Booze is a corpsman and enjoys serving his country.

"I don't regret anything because I enjoy what I'm doing now," added Booze. "People just don't get to see what we see; they'll never really know."

For many, coming that close to a dream after watching it drift away would push the bounds of their sanity. "My mother always thought I could do this. She said that I'm always trying to save people," he said.

After finishing his senior season at NCAA Division II Tarelton State with a .465 batting average, eight home runs, and 65 runs batted in over 52 games, he felt that he was close to getting drafted by a major league club. The MLB draft came and went, and the only offer he received was a minor league contract with an Independent League team, a contract that didn't offer enough money.

"I thought that it was time to hang it up," said Booze who soon landed work as a catering director, only to find that his new career choice offered little long-term stability. "I wanted to do something great. When I went to the recruiter he said, 'how about being an HM (hospital corpsman),' but I didn't know what that stood for. I looked it up right away and that's when I knew what I wanted to do."

Soon out of training, Booze read an article in a local base newspaper about playing baseball for the military. He searched for information about tryouts, trying to balance his work schedule with a chance to compete for the team. He felt that all he needed was a chance, saying "let them see me once. As long as they see me play, I know I have a chance."

HM3 Brent Booze is looking forward to playing baseball, but is focused on saving lives during deployment. Photo by CPL Jeffrey A. Cosola, USMC

Booze trekked from Marine Corps Base, Camp Lejeune, NC, on a St. Patrick Day's 96-hour liberty period in March and dazzled the coaches at the Naval Base Norfolk, VA, tryouts. He was offered a spot on the team but had already completed most of the pre-deployment work-ups with the MEU. The Navy team is based on the West Coast and would have required a move to San Diego and a change of unit. It would have also asked him to move from active duty to reserve.

Because of the circumstances, Booze has put his dream of playing baseball on hold, keeping in contact with the team's coaches in anticipation of being able to play next year, after the MEU returns from deployment. For now, he's focused on the mission at hand and his family back home.

In preparation for the future, Booze is staying in shape for a possible return to the field by trying to train as if he were playing—working forearms and legs while underway to keep his swing in shape and to maintain and improve upon his 87 mph fastball. However, no matter where in the world Brent Booze ends up, he will always dream of playing the game he loves.

—Story by CPL Jeffrey A. Cosola, USMC, 24th MEU.

Doc Takes Charge to Save a Marine

For corpsmen assigned to Marine units, saving lives is part of the job description. HM2 Seth Thomas Secrease, a line corpsman from K Company, 3rd Battalion, 5th Marine Regiment, saved the life of LCPL John Benson during a support mission with 2nd Tank Battalion near Habbaniyah 17 June. Secrease was riding two vehicles behind Benson, when he saw a roadside bomb explode through a pair of night vision goggles.

"It was a big explosion," said Secrease. "It looked like flashes of light with sparks off of it. About 5 seconds later the sergeant said on the radio that he got hit and had two casualties."

LCPL Manuel A. Lopez was riding in the rear passenger side of Benson's humvee. He received a concussion from the blast. "The whole humvee was full of dust," said Lopez. "I couldn't open my eyes, it stung so bad. Then I checked and I was alright. Hays was kicking his leg. Benson was yelling about his arm." Lopez pulled LCPL Alston Hayes out of the vehicle as others moved Benson. Secrease's vehicle pulled up behind the damaged humvee and he jumped out to assess the scene. "At that point Lopez was already out of the vehicle trying to get the gunner out," he said. "Hays was yelling, 'Get Benson out!'"

Ready for a worst-case scenario, Secrease instantly got his priorities in order. "Hays looked like he was doing alright," Secrease said. "When I heard there were two casualties, I

HM2 Seth Thomas Secrease holds up a Combat Application Tourniquet like the one he used to treat LCPL John Benson. He wore a pair of night vision goggles as he applied the device to stop the bleeding from injuries that nearly claimed the Marine's life. Photo by CPL Mark Sixbey

thought it would be pretty bad. It turned out the other guys could wait, but Benson turned out to be worse than I thought."

They spared no effort getting him to the medical evacuation vehicle as fast as they could, where Secrease immediately took charge of treating Benson's wounds. He was still wearing his night vision goggles when he applied a combat application tourniquet to Benson's left arm and directed the other Marines to help stop the bleeding. "Doc told me to put pressure on his leg," Lopez said. "Hayes put pressure on his arm." "Hays was holding up his head and putting pressure on the tourniquet," Secrease said. "Then we moved down to his leg. I applied pressure and had the staff sergeant open up a package of Quick Clot. Then I put on a pressure dressing and had them hold it down."

The Marines kept Benson awake and kept pressure on the wounds while Secrease continued to work. "I grabbed Benson's hand and told him to keep a pulse on it so I would know he didn't pass out," Lopez said. "On the way there he was very, very calm. I'm amazed how well he handled it."

The Marines arrived quickly at Camp Taquaddum's surgical unit. Benson sustained serious injuries that night, but he survived to see another day. "Doc's actions that night were heroic," said 2nd LT Larry J. Schmill, the platoon commander. "He saved Benson's life. "He gave them guidance, explicit orders and they listened to him. From my 13 years in the Marine Corps, he's one of the best docs I've ever encountered. He began giving orders right off the bat."

Secrease credited the other Marines in the vehicle for keeping alert and helping to treat Benson despite their own concussions. "With injuries like that, you need help," he said. "They did an extraordinary job, and I couldn't have stopped the bleeding without their help. They were lifesavers in there."

He described his job on the line with the grunts as one both daunting and rewarding. "The corpsman is the first guy there, and our job is to keep him alive until he can get to surgery," he said. "It's scary, but a good feeling at the same time, because you're out there trying to save lives."

He's seen many changes and new additions to the gear, to include the Combat Application Tourniquet, or CAT, most recently. "The first time I've seen them is on this deployment," he said. "We're trying to have every Marine carry them. They're great. You just wrap it around, twist the stick as tight as you can, then it locks in there, so you don't have to worry about it coming loose."

—Story by CPL Mark Sixbey, 1st Marine Division.

Marine Receives First Artificial Cornea Transplant at NMCSD

Doctors at Naval Medical Center San Diego (NMCSD) performed the first artificial cornea transplant on a service member 11 May. "The artificial cornea, the Boston Keratoprothesis, is the latest and greatest in traumatic eye injury medical treatment," said CDR Elizabeth Hofmeister, MC, an ophthalmologist, at NMCSD. "The Marine had a serious injury that could have permanently impaired his vision. With this cornea replacement, he can now see."

The Marine who received the artificial cornea served during the initial months of Operation Iraqi Freedom in June 2003. He received injuries to his right eye during a rocket propelled grenade attack on the armored vehicle he was riding in. "He suffered the loss of his natural lens (traumatic aphakia), loss of the iris (total traumatic anirida), and a retinal detachment," said Hofmeister. "The laceration to his cornea was so massive that a cornea transplant was needed."

The Marine received an initial cornea transplant at the military hospital in Landstuhl, Germany.

However, a couple of months later, in November 2003, that transplant was rejected. Another two series of cornea transplants occurred, with both transplants resulting in rejections as well.

"The artificial cornea transplant was a last-resort move to save the Marine's sight," Hofmeister said. "After three separate cornea transplant rejections, we knew that this transplant was our last hope. We are so pleased that this transplant worked and the Marine was able regain good vision."

He is now 1 year out from his surgery and has maintained excellent 20/20 vision in the eye with the artificial cornea.

According to Hofmeister, the artificial cornea consists of an anterior optic with peg, donor cornea tissue, posterior-plate with large fenestrations, and a titanium locking ring.

Among the doctors who performed the transplant surgery (including Hofmeister) was guest surgeon Dr. Sadeem

Hannush, who is an attending surgeon with the Willis Eye Hospital in Philadelphia.

According to Hofmeister, the Boston Keratoprothesis was created by Claes Dohlman at the Massachusetts Eye and Ear Infirmary at Harvard. The artificial cornea has been under development since the 1960s and has gradually been perfected. It received FDA clearance in 1992.

—Story by Christine A. Mahoney, Bureau of Medicine and Surgery Public Affairs.

Mustang in Iraq:
CDR Steven Galeski, MSC, USN

The Army sergeant was recovering from minor wounds received earlier in the morning from the detonation of an improvised explosive device (IED) and was being treated at the II Marine Headquarters Group (MHG), Group Aid Station (GAS) Camp Fallujah, Iraq. The skipper of the medical unit, CDR Steven Galeski, MSC, strode up to the trooper saying, "Since you're Army I'll be sending you a bill for your treatment!" As the sergeant looked up at Galeski in amazement, the commander cracked a wry smile and the two had a good chuckle. Galeski, a physician assistant (PA), has a bedside manner with much humor, which calms and reassures his patients. Under his guidance, the sergeant's wounds were successfully treated and he was released later that day to rejoin his unit.

CDR Galeski discusses health record with his patient. Art by Morgan Wilbur

CDR Steven Galeski returned home in early 2006 from a 12-month deployment in Iraq as commanding officer of the II MHG GAS at Camp Fallujah. His unit was responsible for the medical care of base personnel and provided medical support and treatment for other operations in the area.

Galeski first joined the Navy in 1968 and served as a corpsman fighting in the Vietnam War. After earning two degrees (one in geology) he went to PA school, received his commission, and has served worldwide as a healer.

As commanding officer of the GAS, Galeski passed on his knowledge and expertise to his officers and enlisted. For the young corpsmen, he guided them through new procedures and techniques. For the chiefs and officers he made sure they were supported with whatever they needed. The mood in the unit spaces was always upbeat with that special kind of humor found in Navy medical units which relieves stress from both healers and patients alike. It was a happy shop.

When required, Galeski and his people would leave the base to provide medical support for operations in the region. Fallujah is in Al Anbar Province, a hotbed of insurgent activity. IEDs, mortar rounds, and gunfire are persistent, deadly threats. If attacked, Navy medical types must know how to defend themselves with their personal weapons. You might see Galeski treating a patient with his trademark smile in the morning, and later the same day venturing outside the perimeter with the Marines, his game face on and his weapon at the ready. Whether carrying a stethoscope or an M4, Galeski handled each with precision.

While skilled in the medical and military arts, Galeski is also an artist of the highest caliber. He is skilled in making glass art and has taught the ancient technique to others. He also plays ice hockey (not in Iraq), and keeps fit by regular workouts. At age 54, he is in better physical shape than most men half his age.

If you spend any time with Galeski, it is obvious that his relentless motivation has carried him far in the Navy and drives him in all his endeavors. Perhaps it's his Viking (Danish) ancestry that keeps his fire in the belly burning bright. "Whatever success I enjoyed as the officer in charge there was due to the support of my command and the motivation, training, and dedication of my young men and women," said Galeski. Through war and peace, his humor and healing abilities have made friends of countless Marines, sailors, and civilians the world over.

CDR Steven Galeski currently is the Surgeon for the II Marine Expeditionary Force Headquarters Group. Morgan Wilbur works for the Naval Historical Center and thanks COL Daniel Leshchyshyn USMC. and his staff for their hospitality at Camp Fallujah, Iraq.

—Morgan I. Wilbur

Nias Island, Indonesia. Sailors assigned to USNS *Mercy* (T-AH 19) transport a patient to the ship for treatment. July 2006. Photo by CMC Don Bray, USN

Simeulue Island, Indonesia. CDR Cindy Potter aids a young boy awaiting helicopter extraction to USNS *Mercy* (T-AH 19) for medical treatment. July 2006. Photo by MC1 Troy Latham, USN

Mercy Holds First MEDCAP at Sea

The crew of the USNS *Mercy* (T-AH 19) treated several hundred patients 8 June, at Jolo, Philippines, marking the first time a medical and dental civil action project (MEDCAP) has taken place aboard a U.S. Navy ship.

The MEDCAP happened as part of *Mercy*'s 5-month humanitarian mission, during which *Mercy* provided humanitarian and civic assistance to many different countries in South and Southeast Asia.

"I feel wonderful about the mission *Mercy* is on, and all the people who have come together," said ADM Gary Roughead, commander, U.S. Pacific Fleet, as he watched the MEDCAP and toured the ship. "As you walk around and see the care and attention and the lifetime opportunity that we are giving to the people here in Jolo, you can't help but be moved by it all."

The crew completed a string of MEDCAPs as well as civic outreach projects at local medical centers ashore, but never held a MEDCAP on a ship until now. "It proves that it can be done on a ship, and it can be done safely," said CDR Patricia Pepper, director of internal medicine aboard *Mercy*. "For the staff it's a much better setup. We are in an area where we have the supplies and the backup, so that allows us to process many more patients than before."

Since *Mercy* has arrived in the Philippines, thousands of patients have received medical care from *Mercy*'s highly-trained crew. The team comprises doctors and nurses from the U.S. Navy, Army, Air Force, foreign militaries, and non-governmental organizations such as Project HOPE and the Aloha Medical Mission.

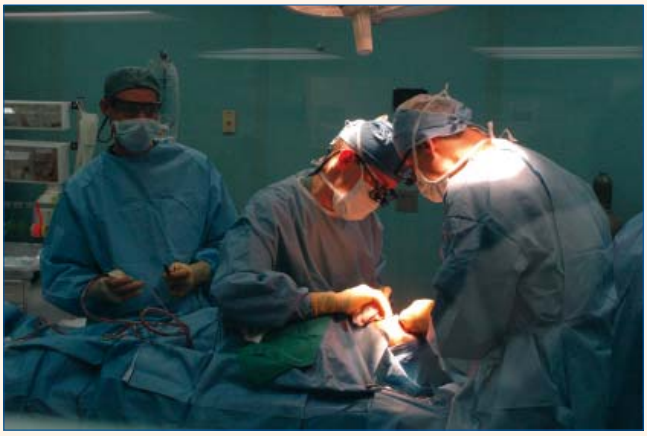
"I'm so happy to get to come aboard this amazing, high-tech ship," said Ajar L. Jammanq, a 45-year-old Jolo native. "All the Americans were very friendly and helpful."

The ship is providing various services to local residents such as optometry screenings, eye wear distribution, physical therapy, burn care, radiological and laboratory services, dermatology, urology, obstetrics and gynecology, general surgery, ophthalmologic surgery, plastic surgery, preventive medicine treatment, dental screening's and treatment, immunizations, and public health training and assessment.

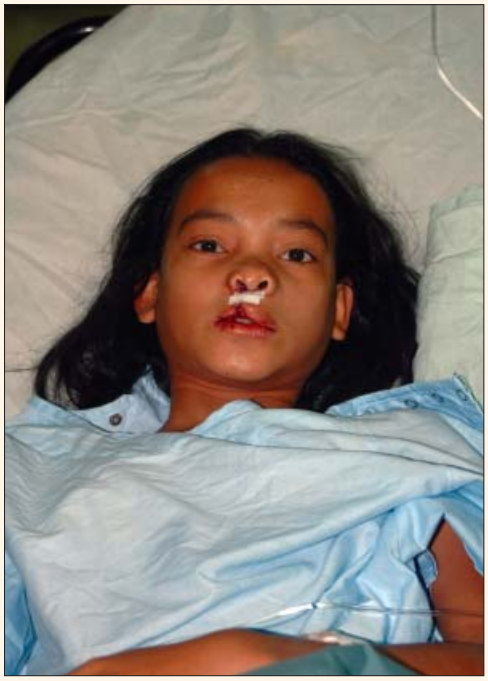
"I think it's going to make a huge difference in the opportunities in the Philippines and ultimately at the end of the day, it's going to make a big difference in people's lives in many, many ways," said Roughead.

—Story by JOS Ryan Clement, USN

Chittagong, Bangladesh. LTJG Catherine Soteras holds a baby shortly before his surgery aboard USNS Mercy (T-AH 19). July 2006. Photo by MC Joseph Caballero, USN



JOLO, Philippines. Aboard USNS *Mercy* (T-AH 19), MAJ Richard Buck, MC, USAF, LCDR Graig Salt, MC, USN, and CAPT Craig Cupp, MC, USN, work to reconstruct the lip of Soray Tamplan. June 2006. Photo by PHC Don Bray, USN



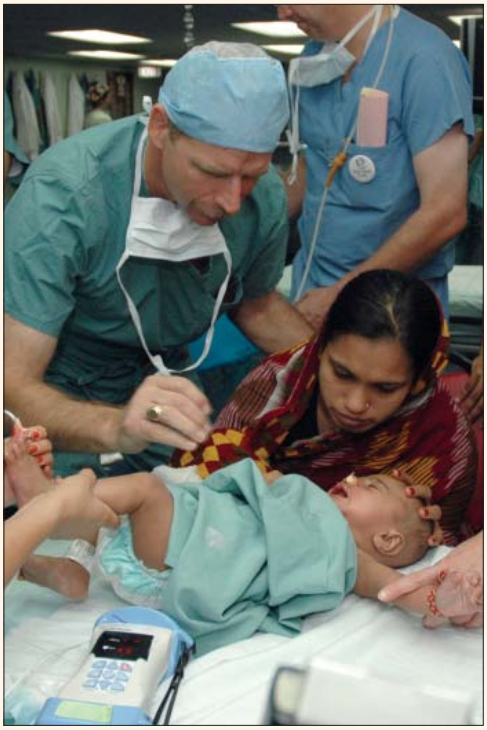
JOLO, Philippines. Soraya Tamplan recovers after undergoing a surgical procedure to repair her cleft lip. June 2006. Photo by PHC Don Bray, USN

Mercy - A Ship Of Dreams

Thirteen years ago a young, pregnant mother fell while walking to the store. Months later Soraya Tampalan was born. She was a beautiful child with one very noticeable feature, a cleft lip.

Soraya's mother blamed herself for her child's birth defect and tried for years to get it fixed. She could not afford the operation that could give her daughter a normal life. All her mother could do was pray for an answer to her daughter's problem. Her prayers were answered when USNS *Mercy* (T-AH 19) pulled into Jolo, Philippines, to provide humanitarian assistance.

The diverse medical crew aboard *Mercy* started treating thousands of local residents aboard ship and ashore, and Soraya and her mother hoped she would be one of them. Soraya was recommended to the ship for a corrective procedure by a local doctor, and on 7 June, she was admitted.



CAPT Joseph Moore, MC, CO of the medical treatment facility aboard USNS *Mercy* (T-AH 19) returns a child to his mother after undergoing a clift lip corrective surgery. July 2006. Photo by MC2 Timothy F. Sosa, USN

Her popularity grew aboard ship as Soraya and her grandmother would tell of the pain the young girl endured growing up. Soraya said she was forced to drop out of the third grade because other children would tease her. "They would laugh and then throw stones at me when I went to school," said Soraya. "I want to go back to school and get an education." When asked if she was excited about the procedure, she said, "A little."

"A little?" her grandmother said loudly. "You have been waiting for this day all your life."

During an interview with local media, Soraya started to cry, and when asked why she was crying, she said, "I want to look pretty." After hearing that, a nurse said, "This is what the *Mercy* mission is all about."

Two-and-a-half hours after they started surgery on 9 June, young Soraya was being wheeled to recovery. The surgery was a complete success, according to LCDR Craig Salt, a surgeon deployed with *Mercy*. "Mobilizing the left cleft side and moving it to the midline, that's the difficult part," said Salt. "It was a tough one. We knew it was going to be a challenge when we started the case," he said. "(But) I had my assistants, (and) we were ready."

Soraya's grandmother got a surprise later when she was visited by Philippine President Gloria Macapagal-Arroyo, who was touring the ship. The president autographed a photo for Soraya and her grandmother. "I am going to show everyone in Jolo this," said Soraya's grandmother.

For this deployment, *Mercy* has been configured with special medical equipment and a robust multi-specialized medical team of uniformed and civilian healthcare providers to provide a range of services ashore as well as on board the ship.

—Story by PHC Don Bray, USN.

Campa Selected to be Next MCPON

Chief of Naval Operations ADM Mike Mullen announced 16 June that he had selected HMCM (SW/FMF) Joe Campa to succeed Master Chief Petty Officer of the Navy (MCPON) (SS/AW) Terry D. Scott.

Campa had served as the Command Master Chief for Joint Task Force Guantanamo Bay, Cuba.

"Master Chief Campa follows a legacy of tremendous service by MCPON Terry Scott," said Mullen. "Master Chief Campa has the Fleet and Fleet Marine Force experience to represent our sailors not only standing watch at sea and ashore, but also serving in non-traditional missions across the globe. I am looking forward to working with him as we continue to address the important issues facing our sailors and their families.

A native of Lynwood, CA, Campa enlisted in the Navy 2 June 1980, and completed Recruit Training and Hospital Corps "A" School in San Diego.

His duty assignments include service aboard the San Diego-based USS *Ogden* (LPD-5); Naval Medical Center, San Diego; 7th Marine Regiment, 1st Marine Division, Camp Pendleton, CA; Naval Hospital Long Beach, CA; 3rd Force Service Support Group, Fleet Marine Force, Okinawa, Japan; Naval Hospital Bremerton, WA; 1st Force Service Support Group during the Persian Gulf War; USS *Comstock* (LSD-45), based in San Diego; and Naval Training Center Great Lakes, IL.

Campa was selected to the Command Master Chief (CMC) program in May 1999. His first CMC tour was aboard USS *Curtis Wilbur* (DDG-54) in Yokosuka, Japan. During his tour, the ship deployed to the North Arabian Sea in support of Operation Enduring Freedom. He subsequently served as the command master chief of Guam-based USS *Frank Cable* (AS-40).

Campa is a distinguished honor graduate of the U.S. Navy Senior Enlisted Academy, a graduate of the U.S. Army Sergeants Major Academy, has completed the Army Command Sergeants Major course, and has a Bachelor of Science Degree from Excelsior College.

In March, he graduated from the Naval War College with a Master of Arts degree in National Security and Strategic Studies.

"The greatest thing about the Navy is that it gives everyone who enlists to serve our country a chance," said Campa after learning of his selection. "No matter where we come from before we put on the uniform, our Navy gives us all the same chance for success. I am proud to serve in an organization that gives us all opportunities for world-class, state-of-the-art training, an education, help with a direction in life, and service with honor.

"Because of the chance the Navy gives us all to succeed, we're only limited by our individual willingness to work hard and our own desires," he added. "I am eternally grateful for the opportunity the Navy gave to me when I first raised my right hand, and how the Navy continued to provide opportunities for success and growth, personally and professionally, throughout my career.

"There is no way I would be in this position without the help of my shipmates and my friends, and my family. I am humbled beyond words for the opportunity and responsibility I now have been given to serve in this role as MCPON, and I am determined to make sure our Navy continues to offer such opportunities to the best people our country has to offer," Campa said. "To me, that is the best way I can repay in some small way the help, encouragement and faith all the people who have touched my life have given me."

As the Navy's senior enlisted sailor, the MCPON serves as an advisor to the Chief of Naval Operations and to the Chief of Naval Personnel in matters dealing with enlisted personnel and their families.

The MCPON also is an advisor to the many boards dealing with enlisted personnel issues, is the enlisted representative of the Department of the Navy at special events, may be called upon to testify on enlisted personnel issues before Congress, and maintains a liaison with enlisted spouse organizations. The change of office ceremony took place on 10 July at the Washington Navy Yard.

—Special Release from the Navy Office of Information.

Naval Medical Center Portsmouth Graduates Navy and Air Force Interns

The intern class of 2006 graduated at Naval Medical Center Portsmouth (NMCP) 30 June.

The class of 79 interns, 75 from the Navy and 4 from the Air Force, are now trained as general physicians, and upon graduation will be eligible for their medical license. Most will serve 2 years as general medical officers on ships, pursue undersea medicine, or in-flight surgery training to gain operational experience with the military. Then, they may pursue residency training to become specialists in a military hospital.

"In civilian medicine, 99 percent of interns go straight to residency," said CDR Edward D. Simmer, NMCP Intern Coordinator. "Our interns are motivated to serve their country and may go out to support the war effort. The operational experience is invaluable. In 2 years on a ship, doctors learn about the environment their patients come from, and through that understanding, can treat them more effectively," he added.

Begun in 1935, NMCP's intern program is the oldest medical training program in the Navy. This 73rd class is unique in that 4 members are from the Air Force. "They started at Keesler," said Simmer. "When Katrina hit, they came here to complete their internship." Keesler Air Force Base is in Biloxi, MS, and was heavily damaged in the category 4 hurricane last August.

NMCP Commander RDML Thomas R. Cullison presided over the graduation ceremony. BGEN John E. Wissler, USMC, was the keynote speaker. He is the Senior Military Assistant to the Deputy Secretary of Defense.

—Story by Deborah R. Kallgren, Naval Medical Center Portsmouth Public Affairs.

Naval Hospital Jacksonville Begins GITMO Deployments

Naval Hospital (NH) Jacksonville sent 29 medical personnel to the Guantanamo Bay detention camp in Cuba on 5 August.

This is the first wave of three groups totaling 106 hospital personnel who are heading to the island to provide medical support in the detainee camp this summer. The Naval Hospital Jacksonville units which include corpsmen, nurses, and physicians will replace personnel from other military treatment facilities who will be rotating out following a 2-week transition period with the arriving troops.

Before flying to Guantanamo the medical personnel first went to Fort Lewis, Tacoma, WA, for orientation and training in a simulated detainee environment. According to CDR Elizabeth French, the unit's senior nurse, the hospital is solidly prepared to meet both its dual mission of readiness to support our troops abroad while continuing to provide excellent healthcare at home.

As always, the sailors leaving for this 6-month deployment had mixed emotions, reservations at being separated from their families and friends, but also excitement at meeting the challenges of the job before them.

—Story by Loren Barnes, Naval Hospital Jacksonville Public Affairs

Naval Hospital Bremerton Prepares for Pandemic

Naval Hospital Bremerton concluded a 3-day pandemic flu drill 20 July designed to test the process for receiving patients after the outbreak of an infectious illness. "Avian flu has been in the public mind lately," said CDR Robert Morash, chairman for the hospital's Disaster Preparedness Committee and coordinator for the drill. "A lot of hospitals around the world have been preparing for that event."

The scenario played out for a few hours each day from 18-20 July and involved an outbreak of human-transmitted avian flu. While the avian flu was the infection Morash chose for the scenario, he said the main purpose of the drill was to test the admissions and screening process. "We wanted to look primarily at what happens in the first 72 hours," he said.

The drill began with a mock patient arriving at the emergency room with flu symptoms. The staff would then learn of four other cases of avian flu in Washington and the hospital would begin gearing up for a possible pandemic. Over the next 2 days, increasing numbers of simulated patients would come through the hospital's gates to be assessed and admitted. On the final day, nearly 25 staff members would be involved in screening the 15 incoming "patients" and admitting the truly ill.

Separating these two groups was one of the main focuses of the drill and involved corpsmen standing by at the gate to assess incoming patients. Using specific screening criteria developed by the hospital's Pandemic Flu Planning Committee, these corpsmen were able to determine who needed immediate admission and who needed further screening at the triage room set up to receive them.

At the end of the third day, Morash had already identified those aspects that worked as planned and those areas that needed reworking. The screening tools, for example, worked perfectly, but they discovered some space issues when they

tried tending to a dozen patients at once in the triage room they'd designated, he said.

He and his team also discovered some difficulties they hadn't even considered. Heat stress became a factor during the drill for the staff members wearing their protective gowns and masks. Morash said they will be making plans for ensuring the staff can keep hydrated in a way that limits infection from the patients. He added that another drill of this type is in the planning stages.

—Story by MC1 Fletcher Gibson, Naval Hospital Bremerton Public Affairs.

Iraqi Nurses, Corpsmen Learn to Fight Disease, Parasites

Navy doctors provided Iraqi army doctors and civilian nurses with 2 days of training in late July which will enable them to treat patients for parasites, such as hook worms, which have caused a variety of health problems in locals in the region along the Iraqi-Syrian border.

"These are the first steps in giving the Iraqis medical training to treat their own soldiers and I'm definitely glad to be a part of it," said CDR Charles S. Blackadar, an emergency medical provider.

The Iraqi medical personnel were also given training in crucial life-saving skills for treating casualties in combat, such as suturing wounds and excessive blood loss. The training, which consisted of several hours of classroom time and practical application, is designed to teach the soldiers how to provide emergency-trauma care for patients in a combat zone.

Perhaps most importantly, the group of a dozen or so Iraqi medics and nurses learned ways to stop severe blood loss, one of the important skills medical personnel must master in a combat zone, according to the American medical professionals here.

"Probably the most important step while providing emergency-trauma care is to immediately stop the bleeding," said CDR Tara J. Zieber, the medical director for the surgical suite.

"Although the training is a step in the right direction to keep Iraqi medical personnel trained, a much larger problem in healthcare in this region exists, a lack of medical facilities, supplies, and a hospital," said Blackadar.

During a visit to Husaybah earlier this month, Maamoon Sami Rasheed al-Awani, the provincial governor, told local mayors, sheikhs, and other Iraqi leaders that the construction of a hospital in the region is "a top priority."

According to Zieber, health problems which stem from parasites, such as hook worms, have remained unchecked in the region for years because local nurses do not have the training or supplies to treat citizens suffering from the parasites. Now that the Iraqis have received medical supplies to treat the parasites, she said the hook worms can be eliminated in just more than a month.

According to Zieber, the parasites have caused anemia in many women and children. He became aware of an abundance of anemia in locals when she noticed many children eating dirt, a clear sign of anemia. Navy doctors have conducted several medical evaluations in local villages to determine what additional medical problems the locals are facing.

The Iraqi nurses were given some medical supplies during their training by the American physicians, such as vitamins and bandages, specifically donated by various private organizations in the U.S. to help the Iraqis.

According to Navy medical personnel, there is a lot of support from charitable organizations back in the U.S. They received numerous donated medical supplies throughout their deployment to the region and are grateful for the generosity and support.

—Story by CPL Antonio Rosas, USMC.

Corpsman Receives Medal for Courage Under Fire

HM3 Robert John Paul Hinckley, Combined Anti-Armor Team II, Weapons Company,1st Battalion, 3rd Marine Regiment, received the Navy and Marine Corps Commendation Medal with "V" Device, in a ceremony held 26 May 26. He received the award for his actions under fire during deployment to Afghanistan.

Hinckley said he remembers what happened 25 January, when a convoy in which he and several other Marines were riding, left Camp Blessing and headed east along Pech River Road. "We were riding through an area when one of the vehicles in front of me got hit by an improvised explosive device," he said. "The explosion caused the vehicle to flip upside down."

After the explosion, Hinckley said he was quick to respond. "I was the first one out of the vehicle. I ran up to the humvee to assess the casualties," he said. Hinkley said he immediately realized that the driver was unharmed during the blast, but the passenger, LCPL Billy D. Brixey was

trapped in the vehicle and severely injured. "I noticed he was hurt pretty bad," he said, remembering his first reaction after seeing the trapped Brixley. He said Brixley's legs, arms, and some of his fingers were broken.

When Hinckley arrived at the destroyed vehicle, the ambush came into full effect. Insurgents started firing at the halted convoy with machine guns and rocket-propelled grenades. Koons said he saw Hinckley position himself in front of the fallen Brixey, to shield him from enemy fire.

"I looked around and saw rounds bouncing off the ground and the vehicle all around us," recalled Hinckley, who said he knew he needed to get Brixey out of the vehicle as soon as possible.

After getting Brixey safely out of the vehicle, Hinckley was able to stabilize him, and applied as many splints to Brixey's broken bones as he could, all the while protecting him from a barrage of enemy fire. "My first instinct was to get him some cover," he said. "I needed to save this Marine's life." The firefight ended when artillery support was called in on the insurgents' position up in the mountain.

Badly wounded and in need of immediate care, Brixey was rushed to a helicopter waiting to transport him to the closest hospital for treatment. He later died of his wounds.

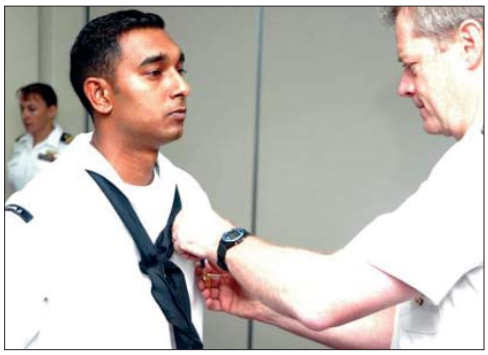
According to the award citation, Hinckley, with complete disregard for his own safety, coordinated the delicate removal of the Marine from the wreckage under intense enemy fire for 30 minutes.

—Story by LCPL Ryan Trevino, USMC

Okinawa Corpsman Receives Purple Heart

HM3 Rakesh Sundram was presented with the Purple Heart at an awards ceremony on 26 May at Naval Hospital Okinawa. Sundram earned the award for wounds received in action while he was serving in Iraq with the Marines.

A staff member at Naval Hospital Okinawa, Sundram was previously assigned as a corpsman to 81mm Mortar Platoon, Weapons Company, 3rd Battalion, 5th Marines deployed to Iraq in support of Operation Iraqi Freedom II. He was wounded when his unit was ambushed while searching for weapons caches in its assigned sector during a clearing operation in Fallujah, Iraq on 23 December 2004.



Sundram was previously awarded a Bronze Star with Combat Distinguishing Device for heroic actions during the same engagement. RDML Brian G. Brannman, Commander Navy Medicine West in San Diego, presented the award during a brief ceremony at the hospital.

—Story by Brian J. Davis, Naval Hospital Okinawa Public Affairs.

Corpsman Awarded Bronze Star, Purple Heart

Naval Medical Center Portsmouth Deputy Commander CAPT Bruce Gillingham presented the Bronze Star and Purple Heart to HM2(FMF) Dontae Tazewell in a ceremony at Branch Health Clinic Sewells Point, 20 July.

In March 2003, Tazewell was a Navy Corpsman augmenting the Marines in Iraq. While the events that resulted in Tazewell's awards occurred more than 3 years ago, they are still fresh in his mind. Tazewell had been in the Navy for 4 years when he was assigned to Marine Air Wing 272 in Iraq. Having joined the Navy upon graduation from high school, Tazewell was realizing his lifelong dream to be a hospital corpsman.

On 28 March 2003, at the beginning of Operation Iraqi Freedom, Tazewell was augmenting the 2nd Marine Division on patrol and the unit was ambushed by a band of Iraqi irregulars. Many of the Marines were shot, and, without regard for his personal safety, Tazewell ran into enemy fire eight times to rescue 10 Marines to a hastily prepared defensive location. Shot in the arm himself, Tazewell was patched up, and returned to duty.

—Story by Deborah Kallgren, Naval Medical Center Portsmouth Public Affairs Office, Portsmouth Public Affairs.

CAPT Colin G. Chinn, MC, assumed command of the Naval Hospital Oak Harbor on 16 June 2006 from CAPT Susan B. Herrold, NC. His most recent command was as executive officer of Naval Hospital Lemoore, CA.

RDML Christine S. Hunter, MC, is being assigned as commander, Navy medicine west/commander, Naval Medical Center, San Diego. Hunter is currently serving as chief of staff, program executive officer, Bureau of Medicine and Surgery, Washington, DC.

CAPT Michael H. Mittelman, MSC, is assigned as Deputy Chief of Staff, Human Resources, M1, Bureau of Medicine and Surgery, Washington, DC. CAPT Mittelman also relieved RDML Brian G. Brannman, MSC, as Director of the Medical Service Corps.

CAPT Mark C. Olesen, MC, took over the helm as the commanding officer of Naval Hospital Camp Lejeune from CAPT Richard C. Welton, MC, during a change of command ceremony at Marston Pavilion, 26 June.

"It is an honor and pleasure to join the Navy and Marine Corps team at Camp Lejeune today. I look forward to working with you and for you," said Olesen.

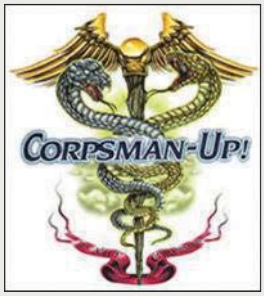
Olesen reported for duty from National Naval Medical Center, Bethesda, MD, where he served as deputy commander.

After a 3-year tour as the hospital commander, Welton will remain in the Lejeune area and assume the role as II, Marine Expeditionary Force Surgeon Camp Lejeune, NC.

CAPT Joan Queen, MSC, took command of Naval Health Clinic, Quantico (NHCQ) from CAPT Jane Przybyl, MSC, during a change of command ceremony 14 July.

"It's an extreme honor and privilege that Navy medicine is affording me this opportunity to oversee the healthcare needs of the beneficiaries in the southernmost part of the National Capital Area," said Queen. "I am extremely humbled and ready for the task at hand. I look forward to working with the Marine Corps' leadership in meeting the healthcare needs of their Marines and sailors, and to care for the medical needs of their families."

HN Zachary M. Alday, 22, of Donalsonville, GA, died 9 June from injuries sustained earlier in the day when the vehicle in which he was riding struck a land mine. Alday was assigned to the 1st Battalion, 7th Marines, 7th Regimental Combat Team, 1st Marine Expeditionary Force (Forward), Camp Pendleton, CA.



HM2 Jaime S. Jaenke, 29, of Bay City, WI, died 5 June as a result of enemy action when her humvee was struck by an IED in Al Anbar Province. Jaenke was assigned to Naval Mobile Construction Battalion 25, Fort McCoy, WI.

"I'm Not Dead Please Save Me"

In October 1965, The Navy created Naval Support Activity (NSA)Danang to support the Navy and Marines operating in the northern provinces of South Vietnam (I Corps). Providing emergency and definitive medical care for Navy and Marine Corps personnel became the mission of the Naval Support Activity Station Hospital (NSAH), which soon became the largest land based medical facility in Vietnam. The advanced emergency hospital center was designed to provide specialties not usually represented in the medical battalion hospitals, such as neurosurgery, dermatology, urology, plastic surgery, ophthalmology, and ENT (ear, nose, and throat) treatment. Former Navy nurse, CAPT Marie Joan Brouillette recalls her service there.

I thought Vietnam would be an exciting assignment and I volunteered. I subsequently found out that 2,000 nurses volunteered and 18 were chosen.

Prior to deployment, all 18 nurses were ordered to Washington for a few days of orientation. All I remember from those days were discussions concerning the Vietnamese culture. We were briefed on what would be available on the base to satisfy our needs and wants and how to prepare for possible POW status. We did not discuss any of the nursing or medical aspects we might face. It was determined that we would be divided into three groups consisting of four nurses in the first, six in the second, and eight in the third group because of the fear of losing 18 nurses should the plane go down.[1]

Our chief nurse had arrived with three other nurses a couple of days ahead of my group's arrival in-country. It was determined that the 10 of us would search the place for cleaning materials and proceed to get things cleaned up. That took a couple of days. Then we went to take charge of patient care. I was the nurse who had extensive operating room experience so I was assigned to the ORs along with [LCDR] Ruth Morlock, who had some OR training. When the third group arrived, they were assigned to the surgical, medical, and POW wards.

On the third day in Vietnam, the sirens went off around midnight. We dressed and ran to the bunker. After the all-clear, we returned to our rooms and soon after that the chief nurse told me the chief surgeon had called and asked if the OR nurses could come to the triage area to provide assistance. He sent a jeep to pick us up and transport us to the receiving area.

It was pitch-black except for the lights of the open receiving area which was full of casualties lying on stretchers placed on sawhorses with IVs hung from a horizontal metal pipe suspended from the ceiling over our heads. There were probably 70 patients out there. Ruth and I proceeded to the pre-op area and ORs to determine the status of things. We decided to split up. She took the upper OR hut and I took the lower one so I could keep in communication with the triage officer.

It was close to midnight when we completed the treatment of the last casualty. I believe we did 112 cases. Ruth and I walked slowly to our quarters bone-tired and in complete silence. In our own way, we were both processing the experience of the past 24 hours.

The normal routine was like this: When the choppers landed, the stretcher bearers ran out, deplaned the patients, and placed their stretchers on two sawhorses. Each bay had a team assigned and immediately began to remove ammunition, boots and clothes, and begin an IV line on each side of the patient's neck. A patient admission chart was initiated and blood was sent to the lab for readings. After the triage officer assessed a patient's needs, he was placed on a gurney and taken to X-ray. The cement made it very easy to push the gurneys. That saved

[1]Memories of such a tragedy were still fresh. During the Korean War, a transport crashed off the Kwajalein atoll in the Pacific taking the lives of 11 Navy nurses.

Photos from BUMED Archives

LCDR Marjorie Warren checks a patient's vital signs.

labor and time because only one person was required to transfer a patient.

After X-ray, the patient went on to the pre-op area for further treatment and preparation for surgery. If required, medical personnel inserted a chest tube and a Foley catheter and started the patient on blood. While these other procedures were being accomplished, we cleaned up the patient as best as could be in the time we had to work on him prior to his transfer to an OR.

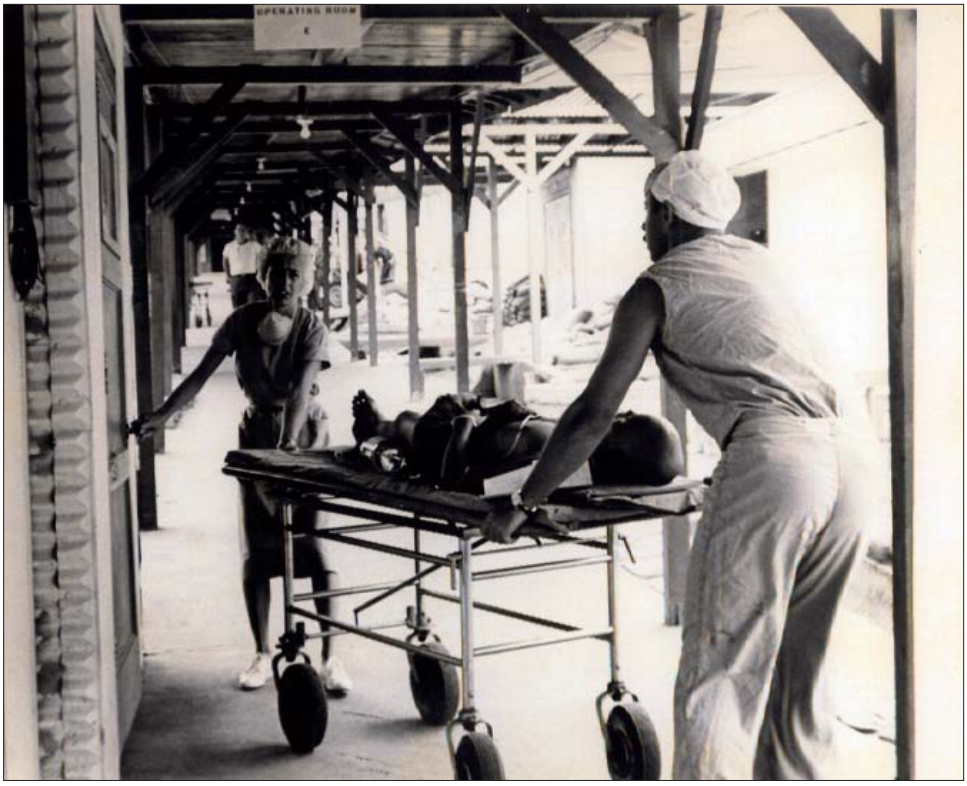
It was not unusual for this type of patient to be on an operating room table within 15 minutes after being removed from the chopper. In that time, he received a total evaluation from the triage surgeon, had blood work done, received a blood transfusion, gotten complete x-rays, the appropriate surgical team or teams had been notified, and the OR and anesthesia team was ready to begin their work. When a patient had injuries to his head, chest, or abdomen and/or needed a limb or two taken care of, all three specialty teams would work simultaneously.

Sometime in the spring of '68, we were able to rig a table very similar to one used by a pathologist in a morgue today. We rigged a shower-type hose over the table and were able to clean up many patients quickly and safely, shaving some minutes from the time needed in Pre-op and the OR. A lot depended on how critical the patient was, the time we had, and the ability of the patient to tolerate some of the procedures we needed to do. As a result, a patient sometimes went into the operating room not as clean as we would have wished, but time was vital. The choppers got them to us very quickly and they were in an operating room very quickly. That's one reason we were able to save so many of these guys.

When Tet[2] hit, Ruth Morlock—the other trained OR nurse—was on R&R. So that left Marge [LCDR Marjorie Warren] and me to cover Pre-op, four ORs, and Central Supply. I was on the day shift and sound asleep in my quarters when the sirens went off. Machine gun fire and rockets began falling close to us. We all had a gurney pad, blankets, and pillow under our beds so that when the sirens went off, we dove under our beds for protection. I was under my bed up against the 3-foot-high cement wall that the Quonset hut sat on. The fighting continued for hours and increased in intensity. Planes were flying very low over the quarters. I thought my life was coming to an end. I think I damaged the concrete with my hands, I was so scared.

We had no communication as to what was going on. There was no way of telling what was friendly fire or enemy fire. It was very, very noisy, especially when the

[2]North Vietnamese and their Viet Cong allies launched coordinated attacks all across South Vietnam on 30 January 1968 during Tet, the beginning of the Lunar New Year. The so-called Tet Offensive continued into the early spring of 1968.



LCDR Joan Brouillette (left) and nurse anesthetist LT Larry Bergman, wheel a casualty into one of NSAH's nine operating rooms.

planes were over our quarters. It seemed like this went on for 4 or 5 hours.

At dawn, the all-clear sounded and we were all anxious to get to our work areas. The air outside the nurses' quarters was heavy with the clouds and odor of gunpowder. There were a few dead VC near the fence line approximately 10 or 15 yards from us. We later found that they were attempting to overrun our compound to reach the Marine air base.

I found some patients being processed to go into surgery. There was a steady inflow of casualties, but during the first day it was manageable. However, that changed later in the day and continued to be very heavy for a number of days and nights. When Marge came back for her night shift, I asked her to concentrate on the central supply portion of our job as the wards and the receiving area and ORs were running low on sterile supplies. We both managed a couple of hours of sleep every now and then until the flow of casualties slowed.

At the time of Tet, we had four ORs that had been in service. We also had two "MASH Units." They were small metal box-shaped units that were totally unsatisfactory and had never been used. It was impossible to perform the type of surgeries needed at NSAH Danang. We pressed them into service controlling the type of surgery the patient needed. However, even if the patient required simple abdominal surgery, the anesthesiologist and his equipment could not fit into the unit, and he was set up outside the door. We attempted to funnel patients with wounds that could be handled with a spinal or blocks [anesthesia] into those two ORs.

Tet demonstrated that we needed to increase our capacity to handle casualties. The Seabees told me they could get steam from the laundry area of the base to the Central Supply hut. The supply officer ordered a sterilizer sent over from the States. These two additions allowed us to greatly increase our ability to sterilize needed supplies. We had two sterilizers but with every three runs, one had to be off line for an hour and a half so its water tank could produce steam. So a third sterilizer and direct steam greatly improved the time and amount for processing needed supplies–there was no such thing as disposable linen packs in the '60s.

The Seabees came to me and asked if I could use a "Butler building."[3] After receiving the dimensions of the building, I provided them with a list of what would be needed to turn it into functioning housing for operating rooms. They told me they could get most of the things and offered substitutions which were satisfactory. I gave them drawings for four separate operating rooms with a

[3]A prefabricated metal building made by the Butler Manufacturing Company.

central area for sterile supplies and a scrub sink. The scrub sink was the most difficult piece of equipment to get, but the Seabees found a long metal trough somewhere in the countryside. With a little welding, we had a scrub sink for the surgical teams.

The addition of four ORs to the six we had nearly doubled our capabilities. The MASH units were seldom used for reasons I have stated. We now had eight fully functioning operating rooms and two MASH units for relatively minor surgeries.

The Tet offensive was the first time we received so many casualties over an extended period of time, and there were many more days and nights that stressed our capabilities as the fighting apparently increased. I have never seen such teamwork before my tour in Vietnam or since. There were no territorial limits. Everyone assigned to NSAH Danang was an equal part of the team with the same goal. Everyone did what they could--when they could-- whether they had any medical training or not.

For example, the cooks kept track of the needs of the personnel in Receiving, X-ray, Pre-op, and OR. During very busy times they came to Pre-op, which was centrally located, with a meal wagon designed to transport hot food. They served staff members appropriate meals given the time of day as they were able to break for 5 or 10 minutes between patients. They provided milk shakes so we could feed the surgical teams at the operating table.

On Sundays, the chaplains came to the patient areas with their sandwich boards letting us know the time of services in the chapel. Sunday was also the day we got steak from the barbecue and vanilla ice cream. It was also the day to take the weekly malaria medication that was in bottles at the table. All this provided some stability and civility to life. The laundry personnel worked day and night to keep clean linen coming to CSR [Central Supply Room] so we could keep up with the need for sterile supplies and OR packs. It was this total dedication to the goal of saving as many lives and limbs as humanly possible by all staff members that made the goal achievable.

There was no clock as long as patient care needs were there. A team went 24, 36, or 48 hours if needed. We used common sense and allowed staff—who could go no longer—some time to rest. Somehow we managed. No one ever complained.

If I remember correctly, we processed over 8,000 patients in the ORs and completed over 12,000 procedures on these same patients. For example, one patient might have needed a limb amputated, his belly opened to have bowel surgery, and a craniotomy for a head injury. These three procedures would be done by a general surgeon assisted by an OR tech, an orthopedic surgeon, an OR tech, a neurosurgeon and a tech—all working at the same time. This method--simultaneous treatment—had two advantages. First, the patient was under anesthesia for much less time which helped in his recovery. Secondly, the patient tied up the OR for about one hour versus the usual four hours if the three teams had worked sequentially.

During the time I was in Vietnam, there was one patient I remember above all the others. It's strange. When I was at Portsmouth, there were two nurses there who had been in Saigon back in the early '60s—Tweedie Searcy and Bobbi Hovis. Before we left for Vietnam, Tweedie and Bobbi gave me and Ruth a going-away party. One of them said, "There's going to be a time when one patient is going to get through your defenses."

Afterward, I thought of that a lot but was doing pretty well--even through Tet. Perhaps it was a few months after Tet when that changed. I was at lunch with the triage officer when we heard the chopper come in. His beeper suddenly went off indicating he was needed immediately, so we both went to the triage area. There was a patient--the worst I had ever seen. His brains were coming out of his head. He had one leg blown off at the hip. The other was blown off mid-thigh. His belly was wide open. One arm was off at the shoulder joint and the other was off at the elbow. His eyeballs were lying on his cheek. His jaw was missing. And he kept saying, "I'm not dead—please help me."

He was one of the ones we prepared very quickly to get him to the operating room. Even up until the time he was put under anesthesia, he kept saying, "Please save me! Please save me!"

We got him off the operating table but he didn't last very long afterwards. We were unable to save him. That patient got to both the triage surgeon and myself. We both went back to our quarters and that was it. I just couldn't take anything for the next 18 hours or so. We had to build up our defenses again before we could go back.

So that's the patient I remember the most. It's amazing, first of all, that someone prior to him, didn't get through my defenses. To this day it's still very emotional for me.

When I think back, that was the most rewarding year of my life, professionally. I think I made a difference with a lot of patients, and being able to speed things up so we could save more. With my training, everything all came together and that's what kept me going. "I've gotta get things working right and we've gotta save these people." I didn't get emotionally involved with any of the patients. Each was a casualty we had to save. And that was it. I wasn't thinking of the person, his family, or anything else. You can't do that and remain sane.

CAPT Brouillette resides in Escondido, CA.

"We Did What We Had To Do"

CDR Patricia Rushton, NC, USN, (Ret.)

Wartime accounts of Navy nurses demonstrate the many sacrifices to provide healthcare to naval forces. Interestingly, nurses usually do not identify their experiences as a "sacrifice." They simply "did what they had to do." The following is a discussion of the sacrifices made by some of these nurses.

Active duty Navy nurses have experiences they simply could not have anywhere else. These experiences change their lives forever, often being the experiences which take them from their naive youth into adulthood.

Dora Maiben

Dora Maiben, was an Army nurse during World War I. The account of her introduction to the military told by a great nephew, James W. Nicholes, is characteristic of the rapidity with which young and inexperienced nurses were thrust into the terror of war and courageously found the ability "to do what they had to do."

During World War I, the Red Cross desperately needed trained nurses. As the war was drawing to a close, Dora, age 19 and part of the Red Cross, was stationed in France. After arriving at the front, medical units would leapfrog each other in truck convoys. As a unit arrived at a new location on the front, they would first evacuate the wounded who could be moved, and then set up hospital tents and equipment for the next group. During the fighting in the Argonne Forest (September-November 1918), amid the blood and tumult, one of Dora's tasks was to be the triage nurse. She was to determine which of the wounded had the chance of being saved if quickly transferred by ambulance to a field hospital, and which had little or no chance.

This very young woman, relatively new in nursing, found herself in a position making life and death decisions about the patients for whom she was caring during one of the worst wartime scenarios.

CAPT Juel Ann Loughney

My first duty station in the Nurse Corps was Annapolis, MD. Among other things, I was assigned to corpsman detailing. One of my responsibilities in detailing people was also detailing kids to go to Vietnam. It was heartbreaking because the turnover of corpsmen was so fast and furious. We were allowed to give 2 months of training to those corpsmen and then they were sent to Vietnam. You got these little kids right from corps school, hardly knew their way around, and in 2 months I was sending them to Vietnam. That was very hard for me. So many of them were killed. That was a real tragedy.

LT Janet "Jan" Price

I was active duty at Portsmouth Naval Hospital during Vietnam. I remember I called my first code on somebody who was a "NO CODE BLUE." When you are 21 and they are looking like they are dead, it's all in your lap. I just couldn't not call it. I knew he was supposed to be a "NO CODE," but I wasn't thinking about that when I did it. He wasn't breathing…. The doctor came through the door yelling, "Who called this?" He was furious. I said, "I did." He just said, "Stop" and everybody picked up their stuff and went away. We went into his office and I was waiting to get chewed out. Then, he did a really good job of putting it in perspective. We had done everything we could for this kid who had testicular cancer. He said, "The only thing we can give this guy at this time is a good death." That made a lot of sense to me when somebody put it in words. I think the doctor's name was James McGinn. He could have ended my Navy career, but he didn't. He was very kind. It was a good lesson to learn and served me well through the rest of my career.

Physical safety: ***In wartime, the most obvious risk to personnel is physical safety. The following nurses tell about their***

sacrifice of physical comfort and voluntarily placing their lives in danger.

LT Jodi K. Wilmert Reyes

We flew in [to Kuwait] under cover of darkness. It was very, very scary. All the lights had to be out on the airplane. We literally made a blind landing. Word was being passed that there were potential snipers that could take shots at the airplane so everything had to be dark. We got there in February and the bases had not been built yet. They took us to this area that had a berm around it--a 10-foot sand pile all the way around to protect you. There were no eating facilities or bathrooms, nothing. I remember getting on a bus and looking around and not recognizing anyone around me and thinking, "I've gotten on the wrong bus." I did get on the wrong bus. I ended up getting dropped off at another camp. It took me 12 hours to get back with my group. That was pretty scary. I had two full sea bags, each weighing about 40 pounds. I had to carry both of those with me everywhere I went, plus my carry-on bag. I kept thinking, "I am never going to get through this." What a great start. I was very excited once I finally got back with my group.

CDR Elizabeth Breza

Going to Kuwait I knew where I was going to be working and that wasn't the main concern. Our main concern was that we didn't know who was out there. While I was deployed we went through the Scud alerts and had some incoming Scud missiles. I worked the night shift during the first 2 days of the war; getting 2 hours of continuous sleep was a lot. I'm not complaining because we certainly had it a lot better than the folks who were crossing the border and heading north. I got to the point where I just slept in my MOPP gear without the mask. On one of our last Scud alerts, our Patriot battery engaged the missile just a mile away. I knew it was close because you could hear the Patriots take off and hear the boom, but we didn't know it was on base.

Anonymous

When we received casualties and bomb threats at the same time, you had to establish which patients were stable enough to go to the Scud bunker and which ones had to remain in the triage tent. There were times when we would "fireman" carry the guys with leg injuries to the Scud bunker. Sometimes you just couldn't move them. So, you just stayed there and hoped the Iraqis had bad aim. Fortunately, most of the time they did. There was only one that flew right over our camp and hit near Marine Corps headquarters. The rest of the time, we had Scud alerts, then we heard the Patriots, and that was the last we would hear. Then we would get the "all clear" and then go back to bed. Sometimes that would last an hour. During the Scud alerts, we sometimes put on our full MOPP gear. The Marines always did. They were a little more protected than we were.

LCDR Peter Charest

The most memorable thing that stands out is that every time we had a mass casualty drill it ended up being the real thing. We would be under fire the whole time we were doing surgery. One Saturday was the worst day we had. Incoming mortar rounds lasted all day and night. At 8:00 that night two French made 122 type rockets hit the back door of our hospital and actually blew the door off. One of the rockets hit one of our corpsmen in the neck and injured another six. Two were killed. I weigh about 200 lbs in all my battle gear and I was at the other end of the hospital, probably about 30 feet down, and the explosion knocked me down. The thing that really made me appreciate life was that about 20 minutes before, I had walked through that part of the hospital carrying a case of normal saline. I had just gotten to the other end and put down the saline when the rockets came down. If it had been 20 minutes earlier it would have been my time.

Relationships: ***Absence does not necessarily make the heart grow fonder. Separation from friends and loved ones always causes relationships to struggle, as one nurses recalled.***

I had been dating this fellow for 2 or 3 months before I was mobilized. We were pretty close. I had been gone about 2 months and looking back, I could tell that his emails had slipped off a little bit. I remember the day that I got the email. Afterward, I remember walking home in the dark. I went in between two buildings where I knew no one would see me, just leaned up against the wall, slid down to the ground, and was just bawling. I had to let it out and that was the only way I could then. That was really hard.

Generally, nurses found family members supportive of their mobilization to the Gulf and most family relationships survived the separation.

Anonymous

Sleeping in the same bed as my husband was very nice. As for seeing the kids again, I don't think I quit smiling for a week. My son, who was three when I left and turned four right after I got back, didn't stop looking at me for days. The kids were so much more obedient than when I left. It was as if I was a stranger. They got over that

though. It was nice for a while. My husband really missed me while I was gone. The relationship had changed a bit in those 8 months, and we did grow apart to some extent. When I got back we started to talk more. It took a little time, but we are actually closer now. I don't know how Marines do it when they deploy for 6 months at a time regularly, and that gave me a much better perspective of what they go through even though it's a planned deployment.

Nurses leave four-legged friends behind when deployed. It seems reasonable that they would look for such friends while on active duty.

CDR Linda Nash

If you could keep your chin up and have humor about things, you did well. We ended up having a tent mate named "Herman." He was a little field mouse that would visit regularly. The operating room had a mascot, "Little Mama," a cat that had babies in the operating room. Those kinds of things are good to keep you grounded.

Personal change: ***Those who go to war do not return the same people. Participants described a struggle to adjust to life at home.***

MAJ Susan Herron

When I got back I didn't want to share anything. It felt like a very personal experience and if somebody wasn't there, they couldn't understand it. When they asked you specifically or invited you to talk about it, you tended to be very superficial. You told them pretty much what they already knew, what they'd seen on the news. You never talked about how scared you were when you flew into the desert because the intelligence briefing beforehand was about how you might get shot and how the RPG's are aiming at you and how you're having to strap on all your chemical gear when you land in the desert. The first several weeks after we flew in, we were getting intelligence briefings, and that was enough to scare the crap out of us. That was hard. You don't talk a lot about that stuff. It wasn't until about 3 or 4 months after we got back that our squadron had a debriefing. We weren't debriefed until everybody had pretty much gotten over it. We had already talked amongst ourselves. We went through about a month where everybody in our squadron didn't really say anything until one person said, "Are you having any difficulties now that we're back?" And I said, "Yeah!" It turns out that everybody was having some sense of difficulty, maybe not the same, but in some facet of their life, they were having some difficulty.

Going into the military and being in charge of a crew and being responsible and being the coordinator and making sure everything is okay is something they really can't teach you. They can teach you the principles and then it's up to you to figure out how to apply them.

LT Lisa Snyder

When I came back, I appreciated my life a lot more and I had sensory overload. I couldn't go to the grocery store because I had too many choices. A lot of my friends all said the same thing. They hated being in stores because it was too much. Even going to the movie theater was loud.

Anonymous

I sat down to eat lunch with my son at his school and I kept looking for the rats on the floor, but there weren't any. I kept looking for a place to put my weapon. I would go to the bathroom and look for someplace to hang it up and look for it when I left. They had told me if I lost it then I would go to jail, and now I no longer had it. It's funny how you get triggered even after so long after being home.

Participants found, however, that some of the changes in themselves were positive changes. They found they had become stronger.

Anonymous

When I came home I had a little different perspective on life and death and courage and lack of courage. I saw people who faked injuries to go home, so I learned a little something about honor and commitment. I learned a lot about human nature and how the stress of war and deployment either brings out the best or the worst in people.

Participants become more creative, become better team members, and had acquired or improved organizational and leadership skills.

CDR Jeannie Comlish

We needed an overhead trapeze. We ordered it, but it never came. I had my nursing fundamentals book with a picture of a trapeze. I showed it to one of our Seabees. He said he thought he could do it. He made a special bed with a trapeze on it and we put an amputee patient in it.

These nursing accounts are part of the Nurses at War Project, *an ongoing program at Brigham Young University College of Nursing. This project collects the accounts of nurses who have served during periods of armed conflict. If you are a nurse or know a nurse who has served in wartime, and would like more information on participation in this program, please contact CDR Patricia Rushton, NC, USN (Ret.), RN, Ph.D., at Patricia_Rushton@byu.edu.*

Dear Navy Medicine Family:

In this issue of Navy Medicine there are a number of articles spotlighting the Navy Nurse Corps at a time when the corps and all of Navy medicine face great challenges. Despite those challenges, the men and women of the Nurse Corps make tremendous contributions to military healthcare every day. Nurses provide lifesaving care in deployed settings, provide highly specialized care at hospitals and clinics around the world, promote health through preventive services so we keep our fighting forces fit, and creatively manage the business of delivering high quality healthcare. Nurses provide expert clinical care and leadership in diverse settings from the White House to Afghanistan—and they do their jobs with commitment, integrity, and professionalism second to none.

To every nurse who has made the choice to serve our nation: Thank you! Through this issue of Navy Medicine*, the Navy Medical Department salutes you and all you do.*

Best regards,

VADM Don Arthur, MC, USN
Surgeon General of the Navy

The U.S. Navy Nurse Corps in 2006

A Portrait of Opportunity and Service

CAPT Mary W. Chaffee, NC, USN
LCDR George Zangaro, NC, USN

"Every assignment the Navy gave me was challenging and fulfilling – and often fraught with adventure."
—Mary Margaret Godfrey, Navy Nurse Corps, 1910-1919[1]

"The greatest advantage of being a Navy Nurse is serving my country and caring for the men and women who defend its freedom, versatility in assignment opportunities, and the ability to make a difference in the lives of others."
—CAPT Cathy Wilson, Navy Nurse Corps, 2006

The current shortage of nurses has placed the profession of nursing front and center in the nation's media, has drawn the scrutiny of health policy analysts, and has driven employers of nurses to take action to attract and retain their increasingly valued nurse employees. Despite often being portrayed inaccurately and even unfairly in the media (e.g., nurses are invisible on the current television hospital drama "Grey's Anatomy") (*1*), nurses remain the most trusted profession in the U.S. according to the most recent CNN/USA Today/Gallup Poll. The poll found nurses rank higher than any other profession, with 83 percent of respondents saying the honesty and ethical standards of nurses are "very high" or "high."(*2*)

Nurses in the U.S. comprise the single largest group of hospital staff, deliver most of the nation's long-term care,

[1]Quoted in Sterner, DM. *In And Out Of Harm's Way: A History Of The Navy Nurse Corps*. Peanut Butter Press, Seattle, WA. 1997.

are employed in a wide variety of settings, and deliver a broad array of healthcare services in myriad clinical specialties.(*3*) While the Nurse Corps is a microcosm of the larger U.S. nursing workforce, the nurses that serve are not a mirror image of the greater nursing population. The roles and workplaces where nurses serve are different—largely due to the mission and requirements of the Department of Defense. The composition of the Nurse Corps also differs from the U.S. nursing workforce, especially in gender mix, race/ethnicity, and educational background.

The average Navy nurse in 2006 is anything but average. (Figure 1) The profiles of individual Navy nurses at the end of this article offer a valuable perspective that expands the organizational view. These profiles demonstrate the scope of professional opportunities that exist in the Navy Nurse Corps and how nurses are contributing to the mission of the Navy Medical Department.

The corps has evolved significantly, since its inception in 1908, to meet the changing healthcare needs of the patients in the Military Health System. Economic and social forces within the Navy Medical Department, in the U.S. Military Health System, and in the civilian health sector, have influenced the roles, assignments, and responsibilities of nurses—and continue to do so. At no time in the past have nurses served in such diverse clinical arenas, in as varied geographic locations, and in as many leadership positions as they now do. In some ways, the growth of the Nurse Corps has paralleled that of the progress seen in American nursing, but the corps has evolved in some interesting and distinctive ways.

Figure 2.

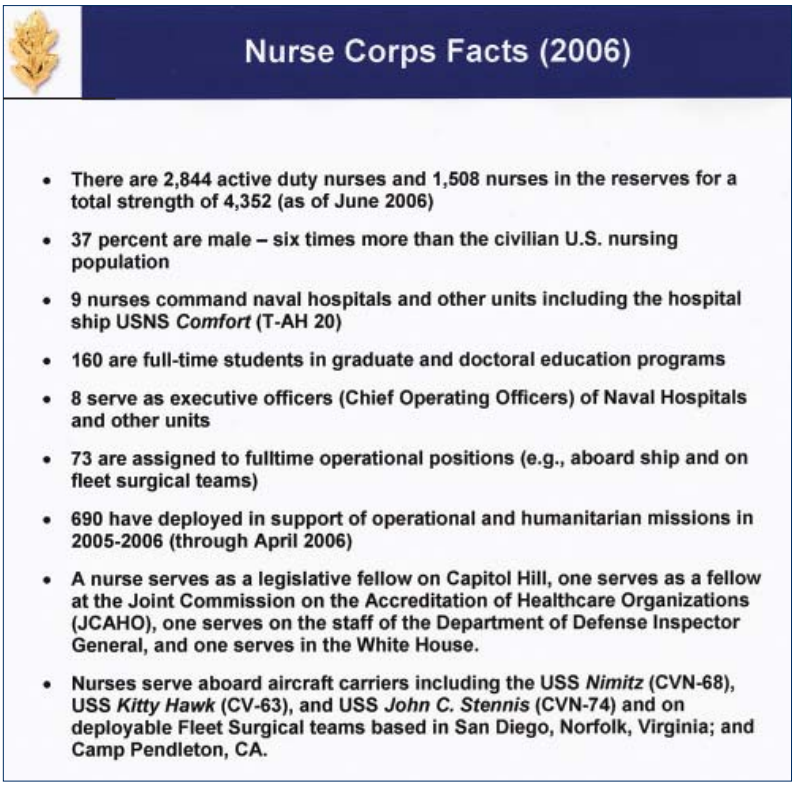


Figure 1. Sources: Bureau of Medicine and Surgery, Washington, DC, and Naval Medical Education and Training Command, Bethesda, MD.

The Navy Nurse Corps in 2006

Approximately 4,350 nurses currently serve on active duty and in the reserves. They are stationed in hospitals and clinics throughout the U.S. and around the world. Nurses practice in traditional inpatient hospital settings, aboard Navy vessels, and have recently deployed in support of the global war on terrorism and the Iraqi War as well as in response to Hurricane Katrina and the Asian tsunami of 2004.(*4*)

Nurses are assigned to some of the most desirable locations in the U.S. and overseas as well as some of the most challenging. (Figure 2) They've been deployed on temporary assignments to military units serving around the world. Nurses serve in numerous clinical roles and advanced practice roles including nurse anesthesia, nurse midwifery, and as nurse practitioners. They are educators, administrators, researchers, health policy analysts, military recruiters, admiral's aides, and healthcare executives. Newer roles include assignments in informatics, health promotions, and homeland security.

Figure 3.

The Current U.S. Nursing Workforce

The most extensive source of data on registered nurses (RNs) with current licenses to practice in the U.S. is the National Sample Survey of Registered Nurses (NSSRN). The NSSRN collects data on RN educational preparation, age, gender, family status, racial/ethnic background, and employment settings. As of March 2004, there were 2,909,467 RNs in the U.S., an increase of 7.9 percent since 2000. The nursing workforce remains largely female, white, and employed full-time in inpatient settings. New England has the highest concentration of RNs, and the Pacific area has the lowest concentration per 100,000 population(*5*)

Trends in the U.S Nursing Workforce

There is a trend in the RN population toward attaining higher levels of education; however over 51 percent of RNs presently hold less than a baccalaureate degree as their highest level of education. The average age has increased continually since 1980 and is now 46.8 years of age. The 2004 NSSRN survey also found that 70.5 percent are married and 52.1 percent have children or other adults at home.(*5*)

Although 56.2 percent of the workforce remains employed in hospital settings, this is slightly less when compared to 59 percent reported in 2000. The segment employed in public health and community health decreased slightly over recent years and the number in long-term care has remained fairly constant. Increased numbers of civilian nurses are now employed in ambulatory care settings, physician-based practices, nurse-based practices, and health maintenance organizations.

How Does the Navy Nurse Corps Compare to the U.S. Nursing Workforce?

Gender mix. The most striking difference between the civilian nursing workforce and the Nurse Corps is the mix of male and female. In 2004, the nursing workforce was 5.4 percent male.(*5*). Since 1980, the percent of men in the workforce has risen only from 2.6 percent to 5.4 percent making gender the single largest disparity in characteristics.(*6*) In 2006, the Nurse Corps is 37 percent male. Indeed, at the rank of lieutenant (0-3), males comprise 48 percent of nurses.(*7*) (Figure 4)

Educational background. There is a significant difference in the highest level of educational preparation of the U.S. nursing workforce and the current Navy Nurse Corps. Over half of nurses in the U.S. have less than a baccalaureate degree in nursing—a diploma or associates degree.(*5*) The Navy Nurse Corps' basic educational preparation is the baccalaureate degree. Sixty-two percent of active duty Navy nurses at this time have a baccalaureate and 33 percent have a graduate degree (31.9 percent have a masters degree and 0.9 percent have a doctoral

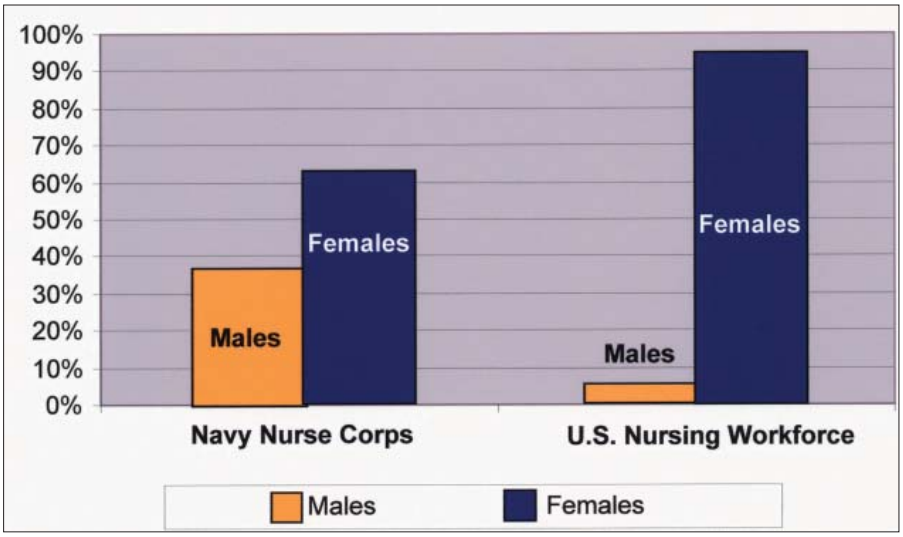


Figure 4. Gender composition of the Navy Nurse Corps vs. U.S. Nursing Workforce. Sources: U.S. Nursing Workforce Data: *The Registered Nurse Population: National Sample of Registered Nurses, March 2004, Preliminary Findings*, Health Resources and Services Administration, U.S. Department of Health and Human Services, Washington, DC. Navy Nurse Corps Data: *Nurse Corps Force Structure Statistics - FY06 - Second Quarter*, 2006. Bureau of Medicine and Surgery, Washington, DC.

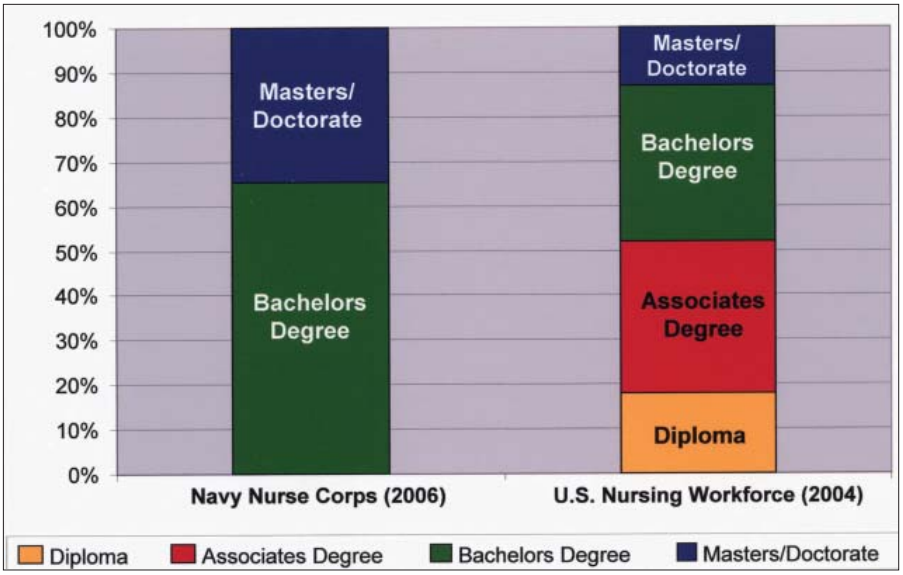


Figure 5. Comparison of the highest level of education in the Navy Nurse Corps vs the U.S. Nursing Workforce. Sources: U.S. nursing workforce data: *The Registered Nurse Population: National Sample of Registered Nurses, March 2004, Preliminary Findings*, Health Resources and Services Administration, U.S. Department of Health and Human Services, Washington, DC. Navy Nurse Corps Data: *Nurse Corps Force Structure Statistics - FY06 - Second Quarter*, 2006. Bureau of Medicine and Surgery, Washington, DC.
***Note*: There is one Navy nurse on active duty educated at the diploma level.**

degree). An additional 5 percent are in training programs. (Figure 5)

Racial/ethnic background. The Navy Nurse Corps is closer to the racial/ethnic composition of the U.S. population than the U.S. registered nurse population, especially in the Asian/Native Hawaiian/other Pacific Islander, Black, and more than one race populations. The estimated U.S. white population in 2004 was 80.4 percent. The U.S. nursing workforce exceeds that (88.4 percent) and the Navy Nurse Corps is slightly lower (78.8 percent). (Figure 6)

Compensation. It is somewhat tricky to attempt to compare the compensation for civilian U.S. nurses and Navy nurses, but a reasonable estimate can be made. Actual earnings for the U.S. registered nurse population has increased from 1983 to 2000, but actual earnings (the amount available to spend after adjusting for the rate of inflation) has been unchanged since 1991. The growth in earning in the civilian nursing sector appears to be largely early in nursing careers with increases tapering off over time.(5)

The Navy Center for Career Development calculated comparisons between Nurse Corps salaries and salaries of civilian nurses with equivalent education and experience (using Bremerton, WA, as a geographic reference point). A Nurse Corps lieutenant with up to 6 years of experience earns about $78,000 annually in effective salary (base pay, allowances, and tax advantage). A civilian nurse with 5-9 years of experience earns about $47,000. The effective annual pay of a Nurse Corps lieutenant commander with up to 10 years experience is about $91,000 and a Nurse Corps commander's effective pay is about $105,000. Active duty nurses do not pay for health insurance and do not contribute directly to a retirement plan, two additional factors that are considered when comparing military and civilian earnings. Also, pay increases do not taper off early in a Navy nurse's career, but occur every 2 years, with each promotion in rank, and annually through a cost of living increase.

Recruiting and Retention. Why is Navy nursing able to achieve its workforce goals when many civilian agencies have long-term vacancies? Multiple factors likely contribute to this including attractive recruiting packages, robust pay and benefits, educational benefits, attractive travel opportunities, and desirable work environments. The Navy Center for Career Development reports that surveys of Navy personnel (not only nurses) indicate they choose to serve in the Navy because of 1) educational opportunities, 2) health and retirement benefits, 3). adventure, 4) patriotism, and 5) family tradition of military service.(*8*)

It is estimated that in 2006 there is a shortage of 168,356 nurses in the U.S.(*9*) The nursing shortage looms large over every employer of nurses and is a cause for concern in the Navy. In 2002, 95 percent of RNs in a national survey reported a shortage of nurses in the hospital where they worked (other surveys portray a similar picture). One of the factors identified by U.S. nurses as contributing significantly to the shortage is negative work environments, a factor that can be modified.(*9*) Anecdotal reports from Navy nurses at various ranks demonstrate significant satisfaction with their work environments and many identify great camaraderie, strong teamwork, and collaborative relationships with other professions as characteristics of their workplaces.

In the 2006 Buerhaus study, RNs were asked about their perceptions of recruitment and retention efforts by hospitals.(*10*) They indicated that tuition benefits were the most effective recruiting strategy. Many Navy nurses report the educational opportunities and benefits they receive are a major factor in their decision to join and

remain in military service—clearly consistent with the findings in the study. In 2006, 160 Navy nurses are full-time students enrolled in academic programs leading to masters and doctoral degrees at colleges and universities throughout the U.S. In addition, professional education and training including internships, Basic Life Support (BLS), and Advanced Cardiac Life Support (ACLS), as well as leadership and clinical courses are available throughout Navy nurses' careers at no cost to the nurse.

Incentives. Due to the current shortage of qualified registered nurses, hospitals and other employers have developed attractive recruiting packages and retention strategies to attempt to maintain an adequate workforce. The Navy has also employed strategies to attract and retain competent nurses, and they appear to be working. According to CDR Raymond Wilson, Head of Nurse Corps Recruiting, it is expected that the Navy will meet 100 percent of its Nurse Corps recruiting goal for 2006 and it will likely be the only corps in the Navy to do so (this year's goal is 96 nurses). Additionally, the Nurse Corps appears to be the only corps in the Navy that will achieve the ethnic diversity goals that were set out by the Navy (personal communication, CDR Raymond Wilson, 30 May 2006).

Current Navy nurse recruiting incentives in 2006 are extremely desirable. Several incentive programs are available for nurses to consider:

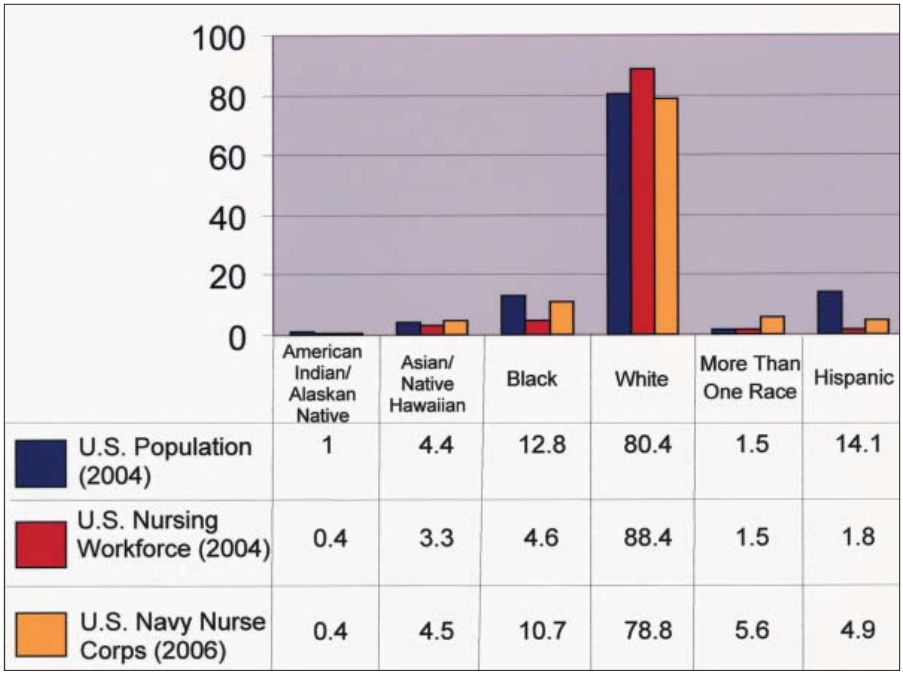
•$15,000 signing bonus is provided to nurses who agree to serve for 3 years.

•$20,000 signing bonus is provided to nurses who agree to serve for 4 years.

•Educational loan repayment of up to $30,000 was provided to 23 Navy nurses in 2006 (Personal communications, CAPT Kim Lyons, 17 July 2006; CDR Raymond Wilson, May 30, 2006). Loan repayment was also provided to 35 Navy nurses as a retention initiative in 2006.

Health benefits. Healthcare benefits is a factor many nurses and other employees consider in making career decisions. The number of employers in the U.S. that offer health insurance to their employees has declined consistently since 2000.(*11*) Navy nurses, like all military beneficiaries, have robust healthcare coverage that is continuing to expand. In addition to primary care, specialty care, and dental, pharmacy, and vision benefits, the military health system that cares for 9.2 million beneficiaries worldwide, has recently expanded mental health coverage, health benefits for military reservists, and has expanded certain dental benefits.(*12*)

Career management. The responsibility for designing a career in the civilian sector largely falls on the shoulders of the individual nurse. Navy nurses are offered career planning guidance that provides both a roadmap for career progress with a certain amount of flexibility so it can be tailored to an individual nurse's goals and interests. The Nurse Corps is committed to lifelong learning and utilizes the Navy's Five Vector Model of career management. The Five Vector Model is an online tool that assists Nurse Corps officers to achieve personal and professional growth in five key areas: professional development, personal development, leadership, certifications, and qualifications and performance.



	American Indian/ Alaskan Native	Asian/ Native Hawaiian	Black	White	More Than One Race	Hispanic
U.S. Population (2004)	1	4.4	12.8	80.4	1.5	14.1
U.S. Nursing Workforce (2004)	0.4	3.3	4.6	88.4	1.5	1.8
U.S. Navy Nurse Corps (2006)	0.4	4.5	10.7	78.8	5.6	4.9

Figure 6. Comparison of Racial/Ethnic Background of the U.S. Navy Nurse Corps, the U.S. Nursing Workforce, and the U.S. Population (in percentages)
Sources:
•Nurse Corps Data: Navy Active Duty Officer End-Strength – By Community, Distribution by Sex and Race/Ethnic Group, U.S. Navy, 2006
•U.S. Nursing Workforce Data: Health Resources and Services Administration. (2004). The Registered Nurse Population: National Sample of Registered Nurses – March 2004; Preliminary Findings. Washington, DC: Health Resources and Services Administration
•U.S. Population Data: Population of the United States by Race and Hispanic/Latino Origin, Census 2000 and July 1, 2004. Retrieved July 12, 2006 from www.infoplease.com/ipa/A0762156.html
Notes:
1. Percentages do not add up to 100% because Hispanics may be any race and therefore are counted under more than one category.
2. The U.S. Navy calculates the number of Asian, Native Hawaiian/Other Pacific Islander, and Filipino separately; they have been collapsed into one group for this comparison.

EXAMPLES OF INSTITUTIONS WHERE NAVY NURSES ARE ENROLLED AS FULL-TIME STUDENTS (as of May 2006)		
TYPE OF PROGRAM	**CONCENTRATION OR MAJOR**	**INSTITUTION (not all inclusive)**
Doctoral Programs	Research, Clinical Research, or Research Methodology	Rush University University of San Diego
	Education	University of the Pacific
	Anesthesia	Georgetown University
Advanced Practice Programs	Nurse Practitioner (Women's Health, Pediatrics, Family Practice)	University of Washington University of Virginia University of San Diego Medical University of South Carolina
	Nurse Midwifery	University of Maryland University of Pennsylvania University of Utah Shenandoah University
	Nurse Anesthesia	Georgetown University
Masters Programs	Community Health Nursing	San Diego State University
	Critical Care Nursing	University of Colorado Johns Hopkins University University of North Carolina Charlotte
	Education and Training Management	San Diego State University Old Dominion University
	Emergency/Trauma Nursing	University of Texas Houston University of Maryland Widener University
	Health Care Administration	Baylor University
	Maternal Child Nursing	University of Alabama Birmingham Loma Linda University
	MBA/Nursing Administration	East Carolina University
	Medical Surgical Nursing	Virginia Commonwealth University University of Florida Valparaiso University
	Neonatal Nursing	Duke University University of Washington
	Nursing Administration	Marymount University Seattle University
	Pediatric Nursing	Saint Louis University Duke University Arizona State University
	Perioperative Nursing	Regent University College of William and Mary Old Dominion University
	Psychiatric Mental Health Nursing	University of California/San Francisco University of Kentucky University of Virginia

Figure 7. Examples of Institutions Where Navy Nurses are Currently Enrolled as Full-time Students.
Source: Naval Medical Education and Training Command (2006). Nurse Corps – Associated Universities and Programs (list is not all inclusive).

Nurses may follow one or more of five career pathways—clinical practice, administration, education, research, and operational practice. Each pathway consists of five levels of positions associated with increasing military rank and performance. Recommended training for each level is described in the "Navy Nurse Corps Career Planning Chart" (*13*) and provides nurses with the ability to consider and prepare for educational opportunities and professional milestones.

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12. *DoD, TRICARE continues to add and enhance healthcare benefits*. TRICARE Management Activity. 2006. Retrieved 11 July 2006, tricare.osd.mil/news.

13. *Navy Nurse Corps Career Planning Chart (01-06).* Bureau of Medicine and Surgery, Washington, DC. June 2005.

CAPT Chaffee is a full-time doctoral student at the University of Maryland, Baltimore, MD. She has served in the Navy for 23 years, most recently as the Director of the Navy Medicine Office of Homeland Security, Bureau of Medicine and Surgery, Washington, DC. She is a Fellow of the American Academy of Nursing.

LCDR Zangaro the Executive Assistant to the Commander, Navy Medicine Support Command, Jacksonville, FL. He has served in the Navy for 24 years, including 10 years as a nuclear medicine technician. He received a doctorate in clinical nursing research from the University of Maryland, Baltimore in 2005.

The following websites offer more information about what is available in the Navy Nurse Corps.
http://www.navy.com/healthcare/nursing
http://www.nnca.org/
https://www.nrotc.navy.mil/nursingoption.cfm

A group of Navy nurses, representing a wide variety of clinical specialties, levels of experience, and geographic locations, were invited to describe their careers, their favorite assignments, unexpected opportunities they encountered, and what they believe are their most important contributions. Their responses provide an "insider's view" of a Navy nurse in 2006.

ENS John Arce

Years of Military Service: 15 (14 as a corpsman)
Hometown: San Diego, CA
Education: BS Nursing
Current Position and Duty Station: Staff Nurse, Multi-service Ward, Naval Hospital Camp Lejeune, NC.
Best Assignment You've Had and Why: Serving as an Independent Duty Corpsman at U.S. Naval Hospital, Yokosuka, Japan. I provided primary care for active duty and family members.
What Is the Greatest Advantage of Being a Navy Nurse? Opportunities for personal and professional growth; plenty of possibilities for training.
What Have You Done as a Navy Nurse That You Never Expected to Do? Deploying to Laos in a mission to search for military personnel missing in action from the Vietnam War. It was a once in a lifetime experience I'll value for the rest of my career.
Your Most Important Contribution to Navy Nursing and Navy Medicine? My nursing career is new, only being a nurse for 1 year, so I feel my most important contribution is yet to be determined.
What Single Action as a Navy Nurse Do You Take the Most Pride In? Being a leader and a role model for corpsmen. I live by the motto "lead by example" and I set the bar high for the corpsmen (on my unit).
Editor's Note: ENS Arce served as president of the 44,000-member National Student Nurses Association in 2004-2005.

CAPT Linnea Axman

Years of Military Service: 21
Hometown: Chicago, IL
Education: BS Nursing; MS Nursing; Dr. Public Health; Nursing Diploma; working on an MA in International Relations
Specialties: Emergency; critical care; family nurse practitioner; public health
Current Position and Duty Station: Department Head, Nursing Research and Analysis, Naval Medical Center San Diego, CA.
Best Assignment You've Had and Why? Working in the very busy emergency department at U.S. Naval Hospital, Guam.
What Is the Greatest Advantage of Being a Navy Nurse? Education, travel, and collaboration with great healthcare professionals.
What Have You Done as a Navy Nurse That You Never Expected to Do? Providing briefings to the military surgeons general of Zambia and South Africa on DOD's work in fighting HIV/AIDS.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Providing leadership and mentoring for Navy nurses, corpsmen, and Army medics during military deployments.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Providing humanitarian assistance in the Al-Aldabi Refugee Camp following the first Gulf War and providing care for HIV-positive refugees.
Editor's Note: CAPT Axman did volunteer work to resettle East and West African refugee families in Alexandria, VA, and served as president of the uniformed Nurse Practitioners Association.

LCDR Cindy Baggott

Years of Military Service: 16
Hometown: Chicago, IL
Education: BS Nursing; MS Nursing
Specialties: Critical care; emergency/trauma; education
Current Position and Duty Station: Department Head and Clinic Manager, Naval Ambulatory Care Center, New Orleans, LA.
Best Assignment You've Had and Why? Serving as a critical care nurse on a Fleet Surgical Team. My team was assigned to three different ships. Patients flew from shore and other ships to us for care.
What Is the Greatest Advantage of Being a Navy Nurse? Diverse assignments and professional opportunities for development and leadership roles.
What Have You Done as a Navy Nurse That You Never Expected to Do? Evacuating my clinic in New Orleans and then re-establishing services 1 week after Hurricane Katrina.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Caring for service members and their families so the uniformed personnel will feel reassured regarding their families care while they are deployed.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Despite personal losses from Hurricane Katrina, members of the staff in our clinic overcame overwhelming obstacles to care for patients.
Editor's Note: LCDR Baggott studies classical voice and belongs to the Symphony Chorus of New Orleans, the principal chorus for the Louisiana Philharmonic Orchestra.

LT Aric Bauder
Years of Military Service: 5
Hometown: Palm Bay, FL
Education: BS Nursing
Specialties: Post anesthesia care
Current Position and Duty Station: Clinical Nurse Manager, Post Anesthesia Care Unit, U.S. Naval Hospital, Rota, Spain.

Best Assignment You've Had and Why? Working at U.S. Naval Hospital, Rota, Spain. It's a small hospital and I had the chance to spend time in the OR learning from nurse anesthetists. I've also been able to travel throughout Europe.

What Is the Greatest Advantage of Being a Navy Nurse? Access to the best healthcare in the world. Travel. Opportunity to be paid to go to school full time to obtain a graduate degree. Better pay than I'd make as a civilian.

What Have You Done as a Navy Nurse That You Never Expected to Do? Learning to rappel and hang from a SH-60 helicopter when I was in training in San Diego.

Your Most Important Contribution to Navy Nursing and Navy Medicine? My most important contribution is training the hospital corpsmen so they can function independently.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Taking care of the patient returning from the war.

Editor's Note: LT Bauder met his wife, LT Rachel Bauder, while they were stationed in San Diego. They were married while stationed in Spain and are transferring to Maryland to begin full time graduate training programs. LT Bauder also is training for sprint distance triathlons.

LT Rachel Bauder
Years of Military Service: 5
Hometown: Phoenix, AZ
Education: BS Nursing
Specialties: Emergency
Current Position and Duty Station: Staff Nurse, U.S. Naval Hospital, Rota, Spain.

Best Assignment You've Had and Why? I have had two duty assignments and they have both been remarkable. I fine-tuned my basic nursing skills at Naval Medical Center San Diego and have grown more independent as an officer, nurse, and leader in Spain.

What Is the Greatest Advantage of Being a Navy Nurse? Having the chance to support service members and their families.

What Have You Done as a Navy Nurse That You Never Expected to Do? In nursing school, I never would have believed I would join the military—so everything I've done has been beyond my expectation.

Your Most Important Contribution to Navy Nursing and Navy Medicine? My most important contribution is educating corpsmen while exhibiting poise, confidence, and compassion for our patients.

What Single Action as a Navy Nurse Do You Take the Most Pride in? I take pride in serving my country and in knowing I am making a difference.

Editor's Note: LT Bauder has been selected to attend the University of Maryland's Mental Health/Psychiatric Clinical Nurse Specialist/ Nurse Practitioner program

ENS Hannah Castillo
Years of Military Service: 1
Hometown: Ijamsville, MD
Education: BS Nursing
Current Position and Duty Station: Staff nurse, Surgical Ward, National Naval Medical Center, Bethesda, MD.
Best Assignment You've Had and Why? My first duty station has been quite the learning experience for me as a novice clinician. I feel I'm sharpening my skills as both a naval officer and a nurse.
What Is the Greatest Advantage of Being a Navy Nurse? Camaraderie; teamwork; leadership opportunities; mentoring.
What Have You Done as a Navy Nurse That You Never Expected to Do? Learning to take on many roles as a new nurse—teacher, care giver, naval officer, leader, and team member.

Your Most Important Contribution to Navy Nursing and Navy Medicine? Caring for injured Marines returning from Iraq.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Giving high quality and professional care to my patients.

Editor's Note: ENS Castillo was a Navy "brat" (her father is CAPT Val Castillo, MSC, USN). While growing up, she had the opportunity to work in orphanages in South Korea, on a mission to Guatemala, and in Mother Teresa's Sisters of Charity mission in Calcutta, India. She is training for the Marine Corps Marathon.

CDR Jean Comlish
Years of Military Service: 16
Hometown: Potomac, MD
Education: BS Nursing, MS Trauma/Critical Care
Specialties: Trauma; critical care; operational nursing
Current Position and Duty Station: Senior Nurse Executive, USNS *Mercy* (T-AH 19)—the Navy's hospital ship berthed in San Diego, CA.
Best Assignment You've Had and Why? Impossible to choose. Had a fabulous time on recruiting duty in San Francisco.
What Is the Greatest Advantage of Being a Navy Nurse? Opportunity to provide care in unique ways, such as disaster relief and humanitarian support. Travel throughout the world.
What Have You Done as a Navy Nurse That You Never Expected to Do? Teaching process improvement and total quality leadership to the Board of Directors of Modilon General Hospital in Papua, New Guinea.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Mentoring junior nurses and corpsmen.
What Single Action as a Navy Nurse Do You Take the Most Pride in? My knowledge of operational nursing, humanitarian assistance, disaster relief, and United Nations missions.
Editor's Note: CDR Comlish was aboard *Mercy* when it responded to the Southeast Asia tsunami of 2004. She directed the team of active duty and civilian volunteers.

LT Charles Dickerson
Years of Military Service: 7
Hometown: Detroit, MI
Education: BS Nursing
Specialties: Critical Care
Current Position and Duty Station: Staff nurse, ICU, U.S. Naval Hospital, Yokosuka, Japan.
Best Assignment You've Had and Why? Serving at a Fleet Hospital in Jalibah, Iraq. We were the first medical facility to set up in the area.
What Is the Greatest Advantage of Being a Navy Nurse? Unique experiences not available as a civilian. Unmatched education opportunities.
What Have You Done as a Navy Nurse That You Never Expected to Do? Starting an IV on a burn patient in a Black Hawk helicopter over the Iraqi desert.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Teaching new corpsmen how to become competent and professional practitioners.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Precepting new nurses and helping them develop critical thinking skills.
Editor's Note: LT Dickerson received the 2005 Cherokee "Inspired Comfort" award for his service in Iraq. He is president of the Phi Beta Sigma fraternity alumni chapter in Japan, an international service organization.

LT Angela Dougherty
Years of Military Service: 7
Hometown: Arvada, CO
Education: BS Nursing; MS Nursing
Specialties: Critical care; flight nursing; end of life care
Current Position and Duty Station: Graduate student, University of Colorado School of Nursing.
Best Assignment You've Had and Why? The best duty station is always the one I'm at.
What Is the Greatest Advantage of Being a Navy Nurse? The camaraderie and the culture that helps you succeed with continuous learning and teaching.
What Have You Done as a Navy Nurse That You Never Expected to Do? Living in Japan and developing the confidence and expertise to transport critically ill patients across the Pacific.
Your Most Important Contribution to Navy Nursing and Navy Medicine? I hope and pray my positive and optimistic attitude encourages others to reach their goals.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Being a clinical nurse specialist and working with a team to solve problems.
Editor's Note: While she was stationed in Colorado, LT Dougherty and her brother climbed the tallest peak in the state to watch the sunrise.

CDR Theresa Gee

Years of Military Service: 21
Hometown: Bethany, OK
Education: BS Nursing; MS Nursing
Specialties: Emergency/trauma; staff education and development
Current Position and Duty Station: Clinical Nurse Specialist; ICU and Emergency Department, Naval Hospital Bremerton, WA.
Best Assignment You've Had and Why? It's a tie between working in the White House Medical Unit and setting up the Navy Trauma Training Center in Los Angeles.

What Is the Greatest Advantage of Being a Navy Nurse? Being able to work in a variety of settings. Unique professional opportunities not available in the civilian setting.

What Have You Done as a Navy Nurse That You Never Expected to Do? Traveling with and providing care for the President of the United States.

Your Most Important Contribution to Navy Nursing and Navy Medicine? Preparing nurses and corpsmen to care for trauma casualties.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Training others to care for the men and women on the frontlines.

Editor's Note: CDR Gee cared for President Clinton when he injured his leg in Florida in 1997. She was his primary nurse on the flight aboard Air Force One back to Washington, DC. She accompanied him to surgery and then to a meeting in Helsinki, Finland.

LCDR Jean Lord

Years of Military Service: 22 (8 as an enlisted sailor, 14 as a nurse)
Hometown: Berea, OH
Education: BS Nursing; MS Nursing
Specialties: Adult psychiatric/mental health
Current Position and Duty Station: Psychiatry Clinic Nurse Manager, Naval Medical Center Portsmouth, VA.
Best Assignment You've Had and Why? Okinawa—really great people and exciting work as a psych nurse. Okinawa was a wonderful place to learn about another culture with my family.
What Is the Greatest Advantage of Being a Navy Nurse? The focus on patient care. I have stimulating administrative work and provide direct patient care. The ability to take all I have learned and use it to support patients so they can help themselves.
What Have You Done as a Navy Nurse That You Never Expected to Do? Being part of the SPRINT (Special Psychiatric Rapid Intervention Team) that responded to Hurricanes Ivan and Katrina.

Your Most Important Contribution to Navy Nursing and Navy Medicine? I have been trusted and privileged to hear the stories of patients and to provide support. I am trusted because I am a Navy nurse.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Helping patients and working alongside psychiatrists and psychologists on a collaborative team.

Editor's Note: LCDR Lord joined the Navy after high school where, as an enlisted sailor, she repaired ship's motors. Her decision to become a nurse was inspired by her mother, also a nurse, who died when LCDR Lord was a teenager. She is now president of the Virginia chapter of the American Psychiatric Nurses Association.

CAPT Betsy Niemyer

Years of Military Service: 25
Hometown: Annapolis, MD
Education: BS Nursing; MA Education Administration; MS Human Resource Management
Specialties: Healthcare administration; managed care; education
Current Position and Duty Station: Executive Director, TRICARE Area Office Europe, Sembach Air Base, Germany.
Best Assignment You've Had and Why? U.S. Naval Hospital, Rota, Spain. I served as both executive officer and commanding officer which challenged and strengthened my leadership skills ... and my family enjoyed the tour.

What Is the Greatest Advantage of Being a Navy Nurse? The high caliber of people attracted to military medicine is remarkable and I see their dedication and sacrifice every day.

What Have You Done as a Navy Nurse That You Never Expected to Do? Living and working outside the U.S. Now I serve on a team responsible for delivering care to military beneficiaries in 123 different countries across Europe.

Your Most Important Contribution to Navy Nursing and Navy Medicine? Leadership. I've benefited from great mentors and I hope to pass that knowledge and experience on to others.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Having commanded MEDFLAG 2003, a humanitarian exercise in Morocco. we delivered care to over 7,000 patients in 7 different villages.

Editor's Note: CAPT Niemyer delivered a speech—in Spanish—at the Spanish Military Nurses Conference in 2003. Her remarks led to the development of an ongoing professional exchange between Navy nurses stationed in Spain and Spanish nurses.

LCDR Aida O'Connor
Years of Military Service: 14
Hometown: New Bedford, MA
Education: BS Nursing
Specialties: Labor and delivery

Current Position and Duty Station: Full-time graduate student. Family Nurse Practitioner Program, Catholic University of America, Washington, DC.

Best Assignment You've Had and Why? Naval Hospital Camp Pendleton because it's where I met my husband. I loved Okinawa because we traveled to the Great Wall of China, Bangkok, Thailand, Macau, and Hong Kong.

What Is the Greatest Advantage of Being a Navy Nurse? The greatest benefit is the opportunity to travel throughout the world learning about different cultures and traditions ... and I've learned to scuba dive and sail.

What Have You Done as a Navy Nurse That You Never Expected to Do? Being evacuated from New Orleans during Hurricane Katrina when I was 38 weeks pregnant. We lost our home but I delivered my daughter in the same hospital where I was born in Massachusetts. The Navy took very good care of us.

Your Most Important Contribution to Navy Nursing and Navy Medicine? Mentoring others. I love teaching others about labor and delivery.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Inspiring others to achieve their goals.

Editor's Note: LCDR O'Connor is a first generation American. Her parents emigrated from Portugal and she learned to speak English in kindergarten. She credits her parents with encouraging her to attend college and achieve her goals.

CDR Joanne Petrelli
Years of Military Service: 15
Hometown: Philadelphia, PA
Education: BS Nursing; MS Nursing; Nursing Diploma; Post-Masters Family Nurse Practitioner;
Specialties: Family practice; population health
Current Position and Duty Station: Family Nurse Practitioner, Naval Health Clinic Hawaii, Pearl Harbor, HI.
Best Assignment You've Had and Why? Serving on a Joint POW/MIA unit in Laos—as one of the first nurse practitioners to do so.

What Is the Greatest Advantage of Being a Navy Nurse? The greatest benefit is growth. In 1991 I joined the Navy for 4 years, but I've stayed for 15. I attribute this to mentors and unimaginable opportunities.

What Have You Done as a Navy Nurse That You Never Expected to Do? Commuting to work in a helicopter. When I was in Laos, the evening ride home was in a Russian Mi-17.

Your Most Important Contribution to Navy Nursing and Navy Medicine? Working with new corpsmen, nurses, and physicians is my most important contribution and is a real joy for me.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Being part of a dynamic, multi-disciplinary healthcare team. I know my actions count and they make a difference on a daily basis.

Editor's Note: CDR Petrelli was a civilian nurse for 13 years prior to joining the Navy. She took up triathlons at the age of 52—and just completed her first half Iron Man triathlon.

CAPT Lisa Raimondo
Years of Military Service: 22
Hometown: Jacksonville, FL
Education: BS Nursing; MS Nursing
Specialties: Administration; medical-surgical
Current Position and Duty Station: Legislative Fellow, Office of Senator Daniel Inouye, Washington, DC.
Best Assignment You've Had and Why? My current tour on Capitol Hill—although a tour in London and attending graduate school are also top contenders.

What Is the Greatest Advantage of Being a Navy Nurse? Versatility in practice. Professional growth. Career mobility. The privilege of caring for our service members and their families.

What Have You Done as a Navy Nurse That You Never Expected to Do? Serving aboard USNS *Comfort* (T-AH 20) in the Baltic Sea. I taught ACLS to physicians and nurses from Latvia, Estonia, and Lithuania.

Your Most Important Contribution to Navy Nursing and Navy Medicine? Representing Navy nursing and Navy medicine in leadership positions where I worked with Navy line unit commanders and other branches of the military services.

What Single Action as a Navy Nurse Do You Take the Most Pride in? Serving as a mentor to junior nurses and corpsmen.

Editor's Note: In addition to her duties on Capitol Hill, CAPT Raimondo is equally proud of her other roles as a wife and mother of three sons, as well as being a teacher in her church.

LT Matthew Rivera
Years of Military Service: 19 (8 as an enlisted sailor; 11 as a nurse)
Hometown: Las Vegas, NV
Education: BS Nursing; MSA Health Services
Specialties: Medical-surgical; administration; ambulatory care; managed care
Current Position and Duty Station: Head, Population Health, Forecasting, and Disease Management, Naval Hospital Jacksonville, FL
Best Assignment You've Had and Why? Naval Medical Center Portsmouth, VA. I made lifelong friends who have supported and guided me throughout my career.
What Is the Greatest Advantage of Being a Navy Nurse? The opportunity to mentor other healthcare personnel.
What Have You Done as a Navy Nurse That You Never Expected to Do? Being the principal investigator for a funded research project.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Serving our sailors, Marines, airmen, and soldiers as a critical care nurse in Iraq during Operation Enduring Freedom.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Demonstrating the variety of professional roles that nurses are able to serve in.
Editor's Note: LT Rivera was selected as one of the "100 Best Nurses in Northeast Florida" in 2005, by a non-profit group that raises money for nursing scholarships.

LCDR Donna Sasenick
Years of Military Service: 13 (active duty and reserve)
Hometown: Chicago, IL
Education: BS Nursing; enrolled in a graduate program in Emergency Health Services
Specialties: Emergency/trauma; education; disaster preparedness
Current Position and Duty Station: Operational Support and Reserve Integration Officer, Navy Medicine Manpower, Personnel, Training and Education Command, Bethesda, MD.
Best Assignment You've Had and Why? Serving as the Training Officer aboard USNS *Comfort* (T-AH 20)
What Is the Greatest Advantage of Being a Navy Nurse? Many opportunities to expand leadership skills and working in a variety of clinical environments.
What Have You Done as a Navy Nurse That You Never Expected to Do? Having the opportunity to travel outside the U.S. and to participate in training exercises onboard the hospital ship.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Developing training policy for both the active duty and reserve components of Navy medicine.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Providing patient care for our service members, retired military, and their families.
Editor's Note: A Navy reservist, now on active duty, LCDR Sasenick is the president of the Flagship Toastmaster Club, Bethesda, MD.

CDR Christopher Schmidt
Years of Military Service: 16
Hometown: Gulf Breeze, FL
Education: Post-masters Emergency Nurse Practitioner; MSN Emergency/Trauma
Specialties: Emergency; disaster preparedness
Current Position and Duty Station: Emergency Nurse Practitioner and Emergency Management Officer, U.S. Naval Hospital, Okinawa, Japan.
Best Assignment You've Had and Why? Naval Hospital Jacksonville, FL, because I worked as a manager, staff nurse, and provider in a busy emergency department.
What Is the Greatest Advantage of Being a Navy Nurse? The opportunity to deploy in support of our troops.
What Have You Done as a Navy Nurse That You Never Expected to Do? Living in Africa for 6 months supporting anti-terrorism activities.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Mentoring junior nurses and corpsmen.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Pioneering a new role as an emergency nurse practitioner.
Editor's Note: CDR Schmidt has represented the Navy in the American Geriatric Society working to improve the knowledge of emergency services personnel about geriatrics.

CAPT Al Shimkus

Years of Military Service: 29
Hometown: Hopedale, MA
Education: Nursing Diploma; BS Nursing; BS Nurse Anesthesia; MA National Security and Strategic Studies
Specialties: Nurse anesthesia; hospital administration; national security
Current Position and Duty Station: Commanding Officer, USNS *Comfort* (T-AH 20).
Best Assignment You've Had and Why? All assignments have been the best. I've been privileged to practice nurse anesthesia and provide leadership on naval vessels around the world, including USS *America* (CV-66), USS *Nimitz* (CVN-68), and USS *George Washington* (CVN-73).
What Is the Greatest Advantage of Being a Navy Nurse? The unlimited clinical and leadership opportunities.
What Have You Done as a Navy Nurse That You Never Expected to Do? Serving as a Director of Nursing, and executive officer, commanding officer, and a Joint Task Force Surgeon.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Attempting to always do the right thing even in the most contentious of situations.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Providing consistently safe and dependable anesthesia in any environment.
Editor's Note: CAPT Shimkus is the father of three, grandfather of seven, and serves on the faculty of the Naval War College.

LCDR Robin Vossler

Years of Military Service: 15
Hometown: Worcester, MA
Education: BS Nursing; MS Nursing
Specialties: Critical care; emergency; trauma
Current Position and Duty Station: Charge nurse, Emergency Department, Naval Hospital Camp Lejeune, NC.
Best Assignment You've Had and Why? Working at Naval Medical Clinic Newport, RI. I learned the importance of health promotion and to pursue goals in the face of adversity.
What Is the Greatest Advantage of Being a Navy Nurse? Experience with challenging clinical duty early in your career.
What Have You Done as a Navy Nurse That You Never Expected to Do? Transporting critically ill patients from one country to another.
Your Most Important Contribution to Navy Nursing and Navy Medicine? The pride and respect I have for those that have served.
What Single Action as a Navy Nurse Do You Take the Most Pride in? I am most proud of working alongside Navy Hospital Corpsmen.
Editor's Note: LCDR Vossler and her husband, Craig, are the parents of five children.

CAPT Cathy Wilson

Years of Military Service: 27
Hometown: Williamsburg, VA
Education: BS Nursing; MS Nursing; Certificate – Legislative Studies; MS Human Resource Management
Specialties: Administration; policy; trauma/critical care; education
Current Position and Duty Station: Commanding Officer, Naval Hospital Bremerton, WA.
Best Assignment You've Had and Why? Commanding a U.S. Military Hospital and 9 Troop Medical Clinics deployed to a combat zone.
What Is the Greatest Advantage of Being a Navy Nurse? The ability to make a difference in other peoples lives.
What Have You Done as a Navy Nurse That You Never Expected to Do? Commanding a hospital, commanding a hospital in a combat zone, and serving in a Senate office on Capitol Hill. I never could have imagined the wide range of opportunities the Navy has provided to me.
Your Most Important Contribution to Navy Nursing and Navy Medicine? Serving my country and caring for the men and women who defend its freedom.
What Single Action as a Navy Nurse Do You Take the Most Pride in? Wearing the uniform with all that it represents.
Editor's Note: CAPT Wilson is formerly a private pilot and is now learning to fly fish and kayak.

The Navy Nurse Corps
Setting the Pace for Future Success

RDML Christine M. Bruzek-Kohler, NC, USN

"Undoubtedly the future status of the Navy Nurse Corps will rest largely in the hands of its members... We nurses who come into the nursing service of the Navy during this first year of its existence are the pioneers, and it rests with us to make the traditions and to set the pace for those who are to follow."

—Esther V. Hasson
Superintendent, Navy Nurse Corps 1908-1911

For nearly 100 years, the Navy Nurse Corps has created a legacy of outstanding excellence in the field of nursing and health care management. Our nurses have served with pride and dedication around the world and have become essential members of the Navy medicine team. Whether the patient is a wounded Marine, an injured sailor, or a citizen who has lost their home in a disaster, Navy nurses have responded and delivered the finest care to our nation and the people of the world in their time of need. It is a mission and an honor that we have carried forth proudly since 1908.

In 2005, we identified five priorities in support of today's mission: Readiness and Clinical Proficiency; Mid-Level and Senior Leadership; Requirements-Recruiting, Retention and Force Shaping; Education Policies and Programs; and Productivity. They capture only a small part of the many, many great things we accomplish as a corps. I would like to share with you briefly what we have accomplished over the past year. These achievements are the direct result of the commitment and dedication of all Nurse Corps officers.

Readiness and Clinical Proficiency

Throughout the career continuum, nurses must be responsive, capable and continually ready to serve our Nation. We must be clinically proficient to quickly deploy, arrive on the scene whether it is New Orleans or Baghdad, and deliver the finest nursing care. Solid clinical competencies serve as the foundation to enhance the depth and quality of nursing care in all environments. To meet these challenges, we must remain on the cutting edge of clinical nursing to provide the finest care to our sailors and Marines, while welcoming opportunities to participate in a joint service environment.

From our military treatment facilities (MTFs) to our deployed units, our nurses are clinically and operationally ready. At Naval Medical Center San Diego, nurses are spearheading a multidisciplinary team to establish a Comprehensive Combat Casualty Care Center. This is a patient and family-centered cooperative program with the San Diego Veterans Administration Medical Center that provides a full spectrum of care to returning casualties and their families. In the last year, both the USNS *Mercy* and USNS *Comfort* have been active with our joint forces providing essential humanitarian aid. Comfort recently completed a joint exercise with military forces from Canada and the United Kingdom. Nurses used this training opportunity to enhance their clinical skills and to prepare to respond to future regional and domestic emergencies. *Mercy* is partnering with volunteer nurses from non-governmental organizations and host nations in a trans-cultural nursing effort to share clinical skills while providing quality care during humanitarian missions in Southeast Asia. These are just a few of the many clinical and operational accomplishments where nursing is at the forefront.

Mid-Level and Senior Leadership

Leadership development begins the day nurses take the commissioning oath as naval officers. It is continuously refined throughout their careers with increased scope of responsibilities, upward mobility, and pivotal leadership roles within the field of nursing and healthcare in general. Nurses are proven strategic leaders in the field of education, research, clinical performance, and healthcare executive management. To insure we continue this legacy of nursing excellence, it is critical that we identify those leadership characteristics and associated knowledge, skills, and abilities that are directly linked to successful executive service in Navy medicine. Identifying effective leaders ear-

ly in their careers provides the basis for ongoing leadership development as they advance from mid-grade to more senior levels of leadership and management positions.

To accomplish this, mid-level and senior officers have participated in a research project to identify essential skills, knowledge, and abilities that will be the basis for core competencies in leadership. Officers continue to make strides in healthcare leadership on a variety of fronts as commanding officers of operational units, as leaders in the TRICARE regions, and as executive officers and commanding officers of military treatment facilities. Identifying and building a framework that supports formal and informal leadership education, mentorship, and development of future officers is the cornerstone of success and will help to continue our excellence in healthcare leadership.

Requirements

Maintaining the right force structure is essential in meeting Navy medicine's overall mission. This is accomplished through validated nursing specialty requirements and utilizing the clinical expertise of our uniformed and civilian nurses. In the face of a national nursing shortage, we have implemented several initiatives to access and retain nurses. We have seen an increase in direct accession applications as a result of the tiered-rate increase of our Nurse Corps Accession Bonus ($15,000 for a 3-year and $20,000 for a 4-year obligation). In addition, for the first time in 2005, we offered a Health Professions Loan Repayment Program which paid up to $30,000 for school loans. For Certified Registered Nurse Anesthetists, the incentive specialty pay was increased along tiered levels from $20,000 to $40,000, with a 1 to 4 year obligation. These programs, and others, are continually being analyzed and updated to ensure we recruit and retain the very best nurses to meet our mission of force health protection.

Education Policies and Programs

Training to our nursing requirements is an essential ingredient in ensuring nurses are competent and "ready to go" whenever needed. The graduate education training plan is reviewed and updated annually based on our healthcare and operational support requirements. We select the best qualified officers for programs at accredited universities around the country to attain masters and doctoral degrees. Providing full-time duty under instruction (DUINS) has proven to be one of our most effective retention programs. In the future, we are looking at increasing the DUINS opportunities for critical wartime specialties and allowing nurses to request assignment to full-time study during the first tour of duty for select specialties. DUINS is just one of the many education programs and services we offer to ensure our nurses receive the finest clinical and academic training. We also offer inservice training opportunities at the Naval War College, U.S. Marine Corps Command and Staff College, Army War College, and the Industrial College of the Armed Forces.

Productivity

Documentation of nursing productivity is essential in determining our current and future manpower requirements and relevance. Today, there is no one system in the military health system to easily determine nursing productivity. Nurses recently completed a review of the systems in use, and the regulatory, state and professional requirements that govern nurse staffing. They are now teaming with Army Nurse Corps officers to analyze commercial products that support assessment of nursing productivity: enterprise wide staff scheduling, patient care workload assessment, and association of patient outcomes with staffing and workload. Their work will be furthered through council with the Navy Senior Nurse Executives and triservice working groups. The ultimate goal is to implement an automated solution that will support the triservice nursing mission.

The outstanding efforts of our Nurse Corps officers in 2005 portray the essence of Superintendent Hasson's vision of Nurse Corps officers as pioneers. Our work on the priorities of Readiness and Clinical Proficiency; Mid-Level and Senior Leadership; Requirements-Recruiting, Retention and Force Shaping; Education Policies and Programs; and Productivity has provided the framework to strengthen our corps. As we continue to adapt to new and changing environments, we will continue to reassess and identify new priorities to set the pace for those nurses who follow. One hundred years of outstanding excellence have laid the foundation for our corps. I believe the work we are about today will build to strengthen that foundation to ensure our roles continue in the future.

RDML Bruzek-Kohler is Director of the U.S. Navy Nurse Corps and Naval Medical Inspector General.

Navy Nursing in 2006
A Powerful Partnership of Active Duty and Reserve Forces

RDML Karen Flaherty , NC, USNR

There are many reasons why nurses decide to become active duty Navy nurses. For each of us it is a personal decision, but probably paramount is our desire to serve our nation and to provide exceptional nursing care for our sailors and Marines—and their families. For some of us, a full-time career as an active duty nurse is the right thing. Sometimes, circumstances change in our lives (family needs, career decisions, etc.), and we recognize that serving on active duty is not possible. We are lucky to have an alternative that our civilian colleagues do not have. We can continue to play an important role in Navy medicine through service in the reserve component.

Today, 1,508 nurses serve in the reserve component from the rank of ensign through rear admiral. We serve in Navy hospitals throughout the U.S. filling the positions of active duty nurses who are deployed. We are deployed alongside our active duty colleagues, and we are providing leadership in reserve units from Washington, DC, to San Diego, CA.

Transitioning to the Naval Reserve after serving on active duty is a great way to continue applying the valuable and unique professional skills gained while serving on active duty. Nurses in the reserves are playing a significant role in accomplishing Navy medicine's mission of force health protection. No better example can be found of this seamless process than that displayed by our members from Operational Health Support Unit (OHSU) Dallas. Nurses hailing from reserve units in 34 states supported the Expeditionary Medical Facility (EMF) in Kuwait.

Service in the reserves gives many nurses the ability to blend busy civilian lives with military service. Is it challenging? Of course it is. Is it worth it? I think if you ask any of us serving today in the reserves you'll find it is.

As articulated by the our Surgeon General, our most important priority continues to be readiness. Navy medicine must be ready and aligned with the operational forces. As Navy medicine's mission continues to evolve in support of the global war on terrorism, the structure of the reserve component will also continue to evolve—and nursing's role will be evident. The transformation of our reserve units into 10 OHSUs is complete, with reserve nurses sharing a significant leadership role in these units.

Every day, I see great examples of reserve nurses working side by side with their active duty colleagues. I challenge all reserve nurses to find ways to add value, ask to be part of initiatives, and look to your leadership to suggest opportunities to be engaged in. As we shape tomorrow's force, each of us must carefully design our own personal development and support our colleagues' growth and development. We must also pay special attention to the development of our Hospital Corps colleagues and find creative ways to provide training that prepares them to be operationally competent.

Educational and financial incentives are helping us to keep nurses in the reserves but we must all play a part in creating a professional practice environment that encourages our colleagues to continue to serve. However, I will be closely monitoring our end strength due to the current volatile status of the U.S. nursing labor market and the increase in retention bonuses offered by other federal entities.

I believe there is no greater time to serve than now and no greater team to be a part of than the Navy medicine team. There are rich professional opportunities in active service and in reserve service. Together, the components create a highly skilled team that continues to care for those who defend our nation and their family members. I challenge every nurse, active duty and reserve, to work together seamlessly, value each other's strengths, and continue to honor those we serve by providing the highest quality nursing care possible.

RDML Flaherty is Deputy Director of the Navy Nurse Corps.

Book Review

Securing Health: Lessons From Nation-Building Missions by Seth G. Jones, Lee H. Hilborne, C. Ross Anthony, Lois M. Davis, Federico Girosi, Cheryl Benard, Rachel M. Swanger, Anita Datar Garten, Anga Timilsina. RAND Center for Domestic and International Health Security http://www.rand.org/.

Nation-building continues to inspire debate on both sides of the political spectrum. As the United States and its allies now conduct nation-building efforts in both Afghanistan and Iraq, the Rand Publication, *Securing Health, Lessons from Nation Building Missions*, offers a comprehensive analysis of rebuilding public health and healthcare delivery systems following major combat operations in Germany, Japan, Somalia, Haiti, Kosovo, Afghanistan, and Iraq.

The aforementioned monograph offers a broad multi-dimensional look at health reconstruction—from major successes in Germany and Japan to what are addressed largely as failures in Haiti and Somalia. The primary goal of the research was to evaluate long-term health reconstruction efforts, for which there is a limited amount of literature presently available. The first eight chapters form a qualitative analysis that examine historical contexts, health challenges, health approaches, assessments, and lessons learned. The authors propose that nation-building missions will fail if health issues are not properly addressed and that success in reconstruction of health depends on two factors: coordination and planning, and infrastructure and resources.

Although this is a study, with fairly complex explanations of methodology, the text does contain illuminating historical narratives, opinions, and thought provoking lessons learned. The most successful examples of long-term health reconstruction were clearly Germany and Japan.

Medical professionals will discover that each case study provides practical lessons and guidance applicable in non-nation-building settings. The study stresses the importance of health in winning hearts and minds, and notes that counterinsurgency experts "have long argued that winning hearts and minds is a key—if not the key—component in establishing peace." The study also asserts that lack of health, such as poor sanitation conditions in Iraq, can have the reverse effect.

Although not a nation-building effort and not mentioned in the book, public opinion toward Americans by Indonesians improved remarkably following the devastating tsunami in December of 2004. The deployment of the USNS *Mercy* (T-AH 19) to support the DOD Humanitarian Assistance Disaster Relief mission, illustrates how Navy medical operations as a form of "soft power," can play a key role in the ongoing long war.

There is arguably no other study in print today that provides such an overarching and complete analysis of health reconstruction, and would undoubtedly serve as a useful reference to those involved in current and future health operations, whether in Afghanistan, Iraq, or elsewhere. It is important to continue applying lessons learned to ongoing and future missions as the equity of health operations expands in the ongoing global war on terrorism.

LT Andrew Bertrand is a Plans, Operations and Medical Intelligence Officer currently serving as a medical planner at Fleet Forces Command in Norfolk VA. He deployed to Indonesia in support of Operation Unified Assistance in 2005.

Navy Medicine 1945

BUMED Archives

Navy flight nurse LTJG Hope Toons at an airfield in Okinawa. The sign designates this field as an evacuation site from which Naval Air Transportation Service aircraft take casualties to hospitals in the Marianas.

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